

6-18-03 NEW 03-18658

WPR CONTRACTING INC

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: WPR CONTRACTING, INC

BUSINESS STREET ADDRESS: 3400 FAIRFAX LAKE ZIP 33330

BUSINESS MAILING ADDRESS: SAME ZIP _____

BUSINESS PHONE: 954-349-9910 cell 954 688-4328

DESCRIBE TYPE OF BUSINESS: STATE CERTIFIED GENERAL CONTRACTOR

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Bill P. Randall</u>	<u>3400 FAIRFAX LN.</u>	<u>DAVIE, FL</u>	<u>33330</u>
2. <u>Rhonda L. Randall</u>			

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2003, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>Bill P. Randall (Pres)</u>	<u>Bill P. Randall</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>6-18-03</u> Category <u>05800</u> Fee Exempt per Sec. 13-13 _____	Fee <u>173.64</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>03-18658</u> Control # <u>15242</u> Fee <u>1/2 86.82</u>	Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>JRT</u> Date <u>6/24/03</u>	(Carleton Randall)
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	<u>LOANER 10 556 78</u>
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL	

8/00 OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

phone mail only

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