

1/24/03 NEW

03-18795
03-18794

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: Southern Landscaping Ent. Inc.

BUSINESS STREET ADDRESS: 5130 S.W. 64 Ave. Davie Fla. ZIP 33314

BUSINESS MAILING ADDRESS: 5130 S.W. 64 Ave. Davie Fla. ZIP 33314

BUSINESS PHONE: 954-321-1290

DESCRIBE TYPE OF BUSINESS: Lawn and Landscape

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Steven Pearl</u>	<u>689 SW 168 Ter. Pembroke Pines</u>	<u>33027</u>	<u>954-447-7279</u>
2. _____	_____	_____	_____

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, 03, 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.

Steven L Pearl _____ Steven L Pearl _____
 Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>1/24/03</u>		Category <u>08600</u> Fee Exempt per Sec. 13-13 _____		New <input checked="" type="checkbox"/> Trans _____	
License # <u>03-18794</u>	Control # <u>15331</u>	Fee <u>92.62</u>	Rec# _____	Zoning <u>A-1/80</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>[Signature]</u>	Date <u>1/31/03</u>			
Town Council Date <u>1/29/03</u>	Approved _____	Denied _____			
Tabled To _____	Approved _____	Denied _____	Locator ID <u>31190</u>		

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

3041 35 02 0480