

8-25-03 NEW 03-18914

ATTENTION
SARAH
OF RANGE

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

Town Council
9-17-03
(Deadline 9/14)

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: Advanced Elevator Service

BUSINESS STREET ADDRESS: 14011 SW 20 Street, DAVIE, Florida ZIP 33325

BUSINESS MAILING ADDRESS: 14011 SW 20 Street, DAVIE, Florida ZIP 33325

BUSINESS PHONE: 954-340-2642

DESCRIBE TYPE OF BUSINESS: Elevator Service and Repairs

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Dale Butler</u>	<u>14011 SW 20 Street</u>	<u>DAVIE, Florida</u> <u>33325</u>	<u>954-693-9879</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, 2002, 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.

Dale Butler
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>8/25/03</u>	Category <u>15810</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>127.33</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans _____
License # <u>03-18914</u>	Control # <u>15408</u>	Zoning <u>R-1</u>		(Oak Hill)	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>[Signature]</u>	Date <u>8/20/03</u>			
Town Council Date _____	Approved _____	Denied _____			
Tabled To _____	Approved _____	Denied _____			
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____					

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