

3-03
NEW 04-18949

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 Communication, Inc.

BUSINESS STREET ADDRESS: 14820 SW 27th St, Davie, FL ZIP 33331

BUSINESS MAILING ADDRESS: P.O. Box 268446, Weston, FL ZIP 33326

BUSINESS PHONE: 954-423-4476

DESCRIBE TYPE OF BUSINESS: Internet, Sales, Air Purifiers

BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Lonette Moretti</u>	<u>14820 SW 27th St</u>	<u>Davie, FL 33331</u>	<u>423-4476</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, 04, 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.

Lonette Moretti owner
Print Owner or Officers Name and Title

Lonette Moretti
Signature of Owner or Officer

Office Use Only: Date <u>9/3/03</u>	Category <u>15950</u>	Fee Exempt per Sec. 13-13 <input type="checkbox"/>	Fee <u>115.76</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>04-18949</u>	Control # <u>15440</u>	Zoning <u>A-1</u>			
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval <u>[Signature]</u>	Date <u>9/3/03</u>			
Town Council Date _____	Approved _____	Denied _____			
Tabled To _____	Approved _____	Denied _____		<u>LOLETTE</u> <u>10</u> <u>8998</u>	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____					

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