

Town Council
10-16-03 NEW
04-19200

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: Homes Redefined
BUSINESS STREET ADDRESS: 3420 SW 117 Ave Davie ZIP 33330
BUSINESS MAILING ADDRESS: same ↑ ZIP _____
BUSINESS PHONE: (954) 868-1407
DESCRIBE TYPE OF BUSINESS: Decorating / Organizing Consultation
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Theresa Paraskis	3420 SW 117 Ave	Davie / 33330	954 472-9676
2. Olga Pollakis	1437 FUNSTON ST	HOLLYWOOD / 33020	561 723-5257

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.

Olga Pollakis (OWNER)
Theresa Paraskis (owner) ↔ Theresa Paraskis
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>10/16/03</u> Category <u>04200</u> Fee Exempt per Sec. 13-13 _____ Fee <u>92.61</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>04-19200</u> Control # <u>15614</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Pat</u> Date <u>10/22/03</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____ <u>LOCATER ID 10948</u>
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

* * * * *

THIS PAGE
INTENTIONALLY
LEFT BLANK

* * * * *