

10-03-03 new 04-19113

Town Council

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: LSP Home school & child care, Inc

BUSINESS STREET ADDRESS: 4152 SW 107th way ZIP 33328

BUSINESS MAILING ADDRESS: Same ZIP _____

BUSINESS PHONE: 954.236.6625

DESCRIBE TYPE OF BUSINESS: Administrative ofc for business *Phone Mail only*

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Laurie Barron	4152 SW 107 th Way	Davie 33328	954.236.6625
2. Robert Barron	"	"	"

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, 2004, 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.

LAURIE BARRON
Print Owner or Officers Name and Title

Laurie Barron
Signature of Owner or Officer

Office Use Only: Date <u>10-3-03</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 _____ Fee <u>115.76</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>04-19113</u> Control # <u>15553</u> Zoning <u>A1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Int</u> Date <u>10/9/03</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____ <u>56558</u>
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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