

4-20-04 NPW
0419749

4-22-04 deadline
5-5-04 JC.

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: Distinctive Homes Realty Group, Inc

BUSINESS STREET ADDRESS: 14263 SW 16 CT Davie ZIP 33325

BUSINESS MAILING ADDRESS: 14263 SW 16 CT Davie ZIP 33325

BUSINESS PHONE: (954) 370-9775

DESCRIBE TYPE OF BUSINESS: Real Estate

BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Frances Steier</u>	<u>14263 SW 16 CT</u>	<u>Davie FL</u>	<u>(954) 370-9775</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number SS#

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.

Frances Steier, President
Print Owner or Officers Name and Title

Frances Steier
Signature of Owner or Officer

Office Use Only: Date <u>4-20-04</u> Category <u>15602</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/>		Fee <u>63.66</u> Rec# _____	New <input type="checkbox"/> Trans <input type="checkbox"/>
License # <u>04-19749</u>	Control # <u>16088</u>	Zoning _____	
Council approval Required <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Zoning Approval _____	Date _____
Town Council Date _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Tabled To _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL		<u>50-40-15-02-0080</u> <u>LOCATER ID 57042</u>	

8/00 **OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**

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