

8-18-04 NEW

TC. MEETING 9-1-04

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: Bremol, Inc

BUSINESS STREET ADDRESS: 13501 S.W. 16th Ct ZIP 33325  
Davie FL 33325

BUSINESS MAILING ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: 954-476-8328

DESCRIBE TYPE OF BUSINESS: Purchasing and Export-General Merchandise

BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Brenton King</u>	<u>13501 SW 16th Ct</u>	<u>Davie</u>	<u>954 476-8328</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, 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.**

Brenton King \_\_\_\_\_  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>8/18/04</u> Category <u>10150</u>		Fee Exempt per Sec. 13-13	_____
License # <u>04-20270</u>	Control # <u>16425</u>	Fee <u>152.00</u>	Rec# _____
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval _____	Zoning <u>R-1</u>	Date _____
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL		<u>50-40-14-07-0070</u>	<u>7596</u>

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