

05

SEPT 2

T.O. SEPT 15

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: Faux Bees

BUSINESS STREET ADDRESS: 14100 SW 33rd Court ZIP 33330

BUSINESS MAILING ADDRESS: 14100 SW 33rd Court ZIP 33330

BUSINESS PHONE: 954-916-3885 / 954-452-1977 office only

DESCRIBE TYPE OF BUSINESS: Faux painting / decorative painting

BUSINESS IS: Corporation  Sole Proprietor  Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Shirley Schubert	14100 SW 33 Ct	Davie 33330	954-916-3885
2. Judy Lockwood	10851 SW 26 Ct	Davie 33328	954-452-1977

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, 2005, 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.**

Shirley Schubert, co-owner Judy Lockwood, co-owner	<u>Shirley Schubert</u> <u>Judy Lockwood</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

OS LICENSE

Office Use Only: Date 8/24/04 Category 01400 Fee Exempt per Sec. 13-13  Fee 97 Rec# \_\_\_\_\_ New  Trans

License # 05-20295 Control # 16443 Zoning A-1

Council approval Required  Yes  No Zoning Approval Pat Date 8/25/04

Town Council Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Tabled To \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

**OCCUPATIONAL LICENSE DEPARTMENT APPROVAL** Saddlebrook A-1  
LOCATE# 10 68682  
50-40-22-00-65

8/00

**OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**

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