NEW deadline 9/2 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: HAIKO INTERIORS

BUSINESS STREET ADDRESS: 13790 SW 18th CT ZIP 33325

BUSINESS MAILING ADDRESS: 1112 Weston RD Suite 131 ZIP 33324

BUSINESS PHONE: (754) 422 6289

DESCRIBE TYPE OF BUSINESS: Design Consultant (home interiors)

BUSINESS IS: Corporation ✓ Sole Proprietor ____ Partnership ____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1 Kathleen Haiko	13790 SW 18th CT	DAVIE 33325	954 424 6277
2 John Cervini	"	" "	"

Federal ID Number or Social Security Number [redacted]

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.

KATHLEEN HAIKO — Kathleen Haiko

Print Owner or Officers Name and Title — Signature of Owner or Officer

Office Use Only: Date 8/24/04 Category 10400 Fee Exempt per Sec. 13-13 ____ Fee 04-36.47 Rec# ____ New ✓ Trans ____

License # 04-20296 Control # 1444 05 72.93 109.40 Zoning R-1

Council approval Required ✓ Yes ____ No Zoning Approval Gat Date 8/25/04

Town Council Date ____ Approved ____ Denied ____

Tabled To ____ Approved ____ Denied ____ LOCATER ID 7960

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL 50-40-15-01-0071

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