10-6-04
TRANS / ADDRESS

TC. NOV 314

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: Tri County Salt & Service

BUSINESS STREET ADDRESS: 2961 SW 111 Terr ZIP 33328

BUSINESS MAILING ADDRESS: Same ZIP

BUSINESS PHONE: 954985 9800

DESCRIBE TYPE OF BUSINESS: Salt Delivery - OFFICE only

BUSINESS IS: Corporation____ Sole Proprietor ✓ Partnership____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. John Ladue	2961 SW 111 Terr	Davie	954 214 3608
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, 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.

John Ladue

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

12155

Office Use Only: Date 10/6/04 Category 07300 Fee Exempt per Sec. 13-13 ___ Fee ____ Rec# ____ New ✓ Trans 12.16

License # 05-20416 Control # 16535 Zoning R-1

Council approval Required ✓ Yes ____ No Zoning Approval Jab Date 10/7/04

Town Council Date ____ Approved ____ Denied ____

Tabled To ____ Approved ____ Denied ____

50-41-19-02-0010

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL ____ 16136

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

23.74

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