

10-6-04  
TRANS/ADDRESS

T.C. NOV 31d

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: 954 985 9800

DESCRIBE TYPE OF BUSINESS: Salt Delivery - OFFICE ONLY

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

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>John Ladue</u>	<u>2961 SW 111 Terr</u>	<u>Davie</u>	<u>954 214 3608</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, 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]  
Signature of Owner or Officer

Office Use Only: Date <u>10/6/04</u> Category <u>02300</u> Fee Exempt per Sec. 13-13 _____ Fee _____ Rec# _____ New <input checked="" type="checkbox"/> Trans <u>12.10</u>	
License # <u>05-20416</u> Control # <u>16535</u> Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> Date <u>10/7/04</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> <u>50-41-19-02-0010</u> <u>16136</u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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