

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: Survivor Depot Inc  
BUSINESS STREET ADDRESS: 3450 SW 116 Ave Davie ZIP 33330  
BUSINESS MAILING ADDRESS: PO Box 55957 Ft Laud ZIP 33355  
BUSINESS PHONE: 954-382-3323  
DESCRIBE TYPE OF BUSINESS: Internet Phone & Mail Only  
BUSINESS IS: Corporation  Sole Proprietor  Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Angela Nyström</u>	<u>3450 SW 116 Ave</u>	<u>Davie 33330</u>	<u>954-475-0375</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, 05, 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.**

Angela Nyström  
Print Owner or Officers Name and Title

Angela Nyström  
Signature of Owner or Officer

Office Use Only: Date <u>12/7/04</u>	Category <u>15950</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>12.15</u>	Rec# _____	New _____	Trans <input checked="" type="checkbox"/>
License # <u>05-20768</u>	Control # <u>16721</u>	Zoning <u>R-1</u>	address <input checked="" type="checkbox"/>			
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <input checked="" type="checkbox"/>	Date <u>12/14/04</u>				
Town Council Date _____	Approved _____	Denied _____				
Tabled To _____	Approved _____	Denied _____				
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			LOCATOR ID <u>11004</u> <u>50-40-24-04-0430</u>			

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

R-1