

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: ALL STAR DINGS + DENTS PAINT + BODY REPAIR

BUSINESS STREET ADDRESS: 14601 SW 17 Ct. Davie ZIP 33325

BUSINESS MAILING ADDRESS: 14601 SW 17 Ct. Davie ZIP 33325

BUSINESS PHONE: (954) 472-5242

DESCRIBE TYPE OF BUSINESS: mobile paint & body repair

BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Jose Colon</u>	<u>14601 SW 17 Ct.</u>	<u>Davie 33325</u>	<u>954 472-5242</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, _____, 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.

Jose Colon Owner
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>1/11/05</u> Category <u>02001</u> Fee Exempt per Sec. 13-13 _____ Fee <u>115.40</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>05 20900</u> Control # <u>16786</u> Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <input checked="" type="checkbox"/> Date <u>1/11/05</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	locator ID <u>8690</u>
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u>50-40-15-01-0505</u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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