

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: ACCURATE LAWN SERVICE
BUSINESS STREET ADDRESS: 14700 SW 14th ST ZIP 33325
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954-914-9379 cel
DESCRIBE TYPE OF BUSINESS: LAWN SERVICE
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>RANGER RUSSELL</u>	<u>SAME</u>	<u>954-476-5997</u>	
2. <u>MICHELE RUSSELL</u>			

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.

RANGER RUSSELL _____ Ranger Russell _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>1/14/05</u> Category <u>08600</u> Fee Exempt per Sec. 13-13 _____ Fee <u>48.02</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>0520947</u> Control # <u>16827</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>pat</u> Date <u>2/9/05</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00 pat

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

phone only
mail = 8

Loc# 8806
50-40-15-01-0576

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