

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: Allan J. Inc.
BUSINESS STREET ADDRESS: 11100 SW 29 Ct. ZIP 33328
BUSINESS MAILING ADDRESS: Same ZIP Same
BUSINESS PHONE: 954-755-2533
DESCRIBE TYPE OF BUSINESS: Roofing - (only phone calls + mail at above location)
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Allan Webster	11100 SW 29 Ct	Davie 33328	4236773
2. Paul Monakey	3169 NW 72 Ave	Margate 33063	3411663

Federal ID Number or Social Security Number: _____

I understand that this is an application for a home occupational license and I may not conduct any business at this location until I have received the license valid until September 30, 2005 and must be renewed upon issuance, is

This application for home occupational license use only, no signs or exterior storage, and telephone use are permitted.

Allan J. Webster Print Owner or Officers Name and Title
Allan J. Webster Signature of Owner or Officer

Office Use Only: Date <u>7/10/05</u> Category <u>05.806</u> Fee <u>45.58</u> Rec# _____	Fee Exempt per Sec. 13-13 _____	New _____	Trans _____
License # <u>0521547</u> Control # <u>17033</u>	Zoning <u>R-1 *</u>	Date <u>7/14/05</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Pat</u>	Date _____	
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL			

*Submitted
7/14/05*

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