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: SPEC OPS, LLC

BUSINESS STREET ADDRESS: 1651 SW 139 AVE DAVIE ZIP 33325

BUSINESS MAILING ADDRESS: SAME ZIP

BUSINESS PHONE: 305 582 5274

DESCRIBE TYPE OF BUSINESS: CONSULTING

BUSINESS IS: Corporation____ Sole Proprietor____ Partnership____ LLC

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. JAMES RASCHE	1651 SW 139 AVE	DAVIE	33325
2.			

Federal ID Number or Social Security Number [redacted]

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.

JAMES RASCHE - MEMBER
Print Owner or Officers Name and Title

Signature of Owner or Officer

Office Use Only: Date 4/28/05 Category 13500 Fee Exempt per Sec. 13-13 ___ Fee 60.78 Rec# ___ New ___ Trans ___

License # 0521676 Control # 17108 1/2 yr fee Zoning R-1

Council approval Required ✓ Yes ___ No Zoning Approval [illegible] Date 5/4/05

Town Council Date ___ Approved ___ Denied ___

Tabled To ___ Approved ___ Denied ___

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL ___

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