

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: SUBURBAN HARDSCAPES INC.
BUSINESS STREET ADDRESS: 14333 SW 16 COURT DAVIE, FLORIDA ZIP 33325
BUSINESS MAILING ADDRESS: 14333 SW 16 COURT DAVIE, FLORIDA ZIP 33325
BUSINESS PHONE: 954 680-7176
DESCRIBE TYPE OF BUSINESS: LANDSCAPING (OFFICE)
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. PHILIP FRISENDA	14333 SW 16 COURT	DAVIE FL 33325	954 680 7176
2. FRANK FRISENDA	14333 SW 16 COURT	DAVIE FL 33325	954 680 7176

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.

PHILIP FRISENDA, PRESIDENT
FRANK FRISENDA, VICE-PRESIDENT

Philip

Print Owner or Officers Name and Title

Signature of Owner or Officer

Office Use Only: Date <u>7/16/05</u> Category <u>081002</u> Fee Exempt per Sec. 13-13 _____ Fee <u>24.31</u> Rec# _____ New _____ Trans _____
License # <u>05 22115</u> Control # <u>17315</u> Zoning <u>R-1</u>
Municipal approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Gate</u> Date <u>7/14/05</u>
When Council Date _____ Approved _____ Denied _____
Referred To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

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OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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