

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 Rite Dozer Services, Inc.
BUSINESS STREET ADDRESS: 14750 SW 23 Street ZIP 33325
BUSINESS MAILING ADDRESS: 14750 SW 23 Street ZIP 33325
BUSINESS PHONE: 954-444-3947 / 954-474-9961
DESCRIBE TYPE OF BUSINESS: Equipment Rental
BUSINESS IS: Corporation Sole Proprietor Partnership Equipment kept on job sites

Owner/Officer (s)	Home Address	City/Zip	Phone#
<u>Charles Baldwin</u>	<u>14750 SW 23 St.</u>	<u>Davie/33325</u>	<u>954-474-9961</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.

Charles Baldwin / Owner [Signature]
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>8/1/05</u> Category <u>02001</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>60.75</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
Permit # <u>0522283</u> Control # <u>17404</u> Zoning <u>B-1</u>
Municipal approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Pat</u> Date <u>8/9/05</u>
When Council Date _____ Approved _____ Denied _____
Referred To _____ Approved _____ Denied _____

Office only

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

O OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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