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: CAPE CORAL INVESTMENT ASSOCIATES, LLC

BUSINESS STREET ADDRESS: 3670 SW 106TH TERRACE, DAVIE ZIP 33328

BUSINESS MAILING ADDRESS: 3670 SW 106TH TERRACE, DAVIE ZIP 33328

BUSINESS PHONE: 954 423-6674

DESCRIBE TYPE OF BUSINESS: INVESTMENT MANAGEMENT / OFFICE

BUSINESS IS: Corporation ✓ Sole Proprietor ____ Partnership ____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Joseph C Sciarrotta	3670 SW 106TH TER	DAVIE 33328	954 4236674
2.			

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, 2005, 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.

Joseph C Sciarrotta
General Manager
Print Owner or Officers Name and Title

Joseph Sciarrotta
Signature of Owner or Officer

Office Use Only: Date 8/16/05 Category 13500 Fee Exempt per Sec. 13-13 ____ Fee 121.55 Rec# ____ New ✓ Trans ____

License # 06-22410 Control # 17460 Zoning A-1

Council approval Required ✓ Yes ____ No Zoning Approval Jat Date 8/23/05

Town Council Date ____ Approved ____ Denied ____

Tabled To ____ Approved ____ Denied ____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL ____

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