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: Ron's Pressure Washing

BUSINESS STREET ADDRESS: 14000 SW 28th Ct ZIP 33330

BUSINESS MAILING ADDRESS: 14000 SW 28th ct ZIP 33330

BUSINESS PHONE: (954) 678-0123

DESCRIBE TYPE OF BUSINESS: Pressure Cleaning Service

BUSINESS IS: Corporation_____ Sole Proprietor X Partnership_____

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|---|---|---|---|
| 1. Ronald Souther | 14000 SW 28th ct | Davie 33330 | (954)873-8641 |
| 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, 06, 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.***

Ronald Souther
**Print Owner or Officers Name and Title**

**Signature of Owner or Officer**

**Office Use Only:** Date 12/7/05 Category 14950 Fee Exempt per Sec. 13-13 ___ Fee 115.76 Rec# _____ New ✓ Trans ___

License # 06 23070 Control # 17844 Zoning R-1

Council approval Required _____ Yes _____ No Zoning Approval Brock Date 12/13/05

Town Council Date _____ Approved _____ Denied _____

Tabled To _____ Approved _____ Denied _____

**OCCUPATIONAL LICENSE DEPARTMENT APPROVAL** _____

Phone + Mail only

50-40-22-03-040
98-24

# HOME OCCUPATIONAL LICENSE APPLICATION

SECTION 12-34 (N)-DEFINITION:

*Home occupation* shall mean any use conducted entirely within a dwelling and carried on by persons residing in the dwelling unit, which is clearly incidental and secondary to the use of the dwelling for residential purposes and does not change the character thereof and in connection with which there is no display or stock in trade. The home occupation shall involve phone and mail use only and shall not involve the use of any accessory building or yard space or activity outside of the main building not normally associated with residential use.

SECTION 13-23 - LOCATION OF LICENSEE; ZONING REGULATION

(a) Each application for an occupational license shall definitely state and set out the exact location at which business shall be operated. Before issuance of a license, verification of applicable zoning will be made. If the applicable zoning regulations do not permit the practice of such business, occupation or profession, the license will be denied. All licenses granted by council action by special exception, variance or by vested rights for nonconforming use, shall be so stated on the face of the license.

(b) Notwithstanding any provision to the contrary herein contained, certain businesses, professions or occupations may be conducted within a residentially zoned area (not to include R-1 or A-1, which require council approval) on a restricted basis for which a restricted occupational license may be issued by the town. The owner of such business will secure a restricted occupational license from the town subject to the provisions and limitations contained herein.

(c) Any person engaged in a personal profession or occupation which requires the use of his own personal residence may apply for a restricted occupation license. Such application may list his home address as the place of business for the the purpose of complying with the following conditions.

(1) No sign of any type may be posted or displayed on the premises which might service to indicate that the premises which might serve to indicate that the premise are being used as a restricted occupational use, except as required in accordance with all governmental bodies. No vehicles with any signs painted on them, which might serve to indicate that the premises are being used for restricted occupational license use, shall be parked within the view of public right-of-way.

(2) The applicant shall not use the premises or any improvements thereon for the creation, storage, distribution, repair or sale of any of any merchandise or goods which would be visible from any location off the premises.

(3) No noise, odors, smoke or nuisance of any type shall arise from the conduct of the business here permitted or authorized.

(4) The applicant shall not cause or permit in connection with the business authorized herein any traffic that shall interfere or disrupt the flow for street use in the neighborhood.

(5) Any restricted occupational license issued pursuant hereto may be revoked by the town council at any time upon notice and hearing for the violation of any provisions herein contained or for the violation of any ordinance of the town or law of the state pertaining to regulating or licensing such business or for any other good and sufficient reason; provided, however, that this provision shall not effect the power of the court to revoke certain licensee where such revocation specifically provided for by ordinance. (Code 1964 8-6)

I understand the description of Home Occupation as stated in Section 13-23, regarding Home Occupational License and the definition (12-34 N)

Applicant's Signature

12-7-05
Date

TOWN OF DAVIE
6591 SW 45 STREET
DAVIE, FL 33314
(954) 797-1112

DATE 12-7-01

## HOME OCCUPATIONAL LICENSE AFFIDAVIT

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, 02, and must be renewed before October 1st.

I understand that as long as I conduct business in the Town of Davie I must keep an active occupational license.

**This application for home occupational license allows mail and telephone use only, no signs or outside storage, no on-site employees or clients are permitted.**

By signing below I agree to the above conditions.

Ronald Souther
**Print Owner or Officers Name and Title**

**Signature of owner or officer**

**STATE OF FLORIDA**
**TOWN OF DAVIE**

The foregoing was acknowledged before me this 6 day of DECEMBER 2004 by, RONALD SOUTHER Who is personally known to me or who has produced DL S360-721-65-259-0 as identification and whom did/did not take an oath

NOTARY PUBLIC Sandra Saikley

PRINT:

COMMISSION EXPIRES:

Notary Public State of Florida
Sandra Saikley
My Commission DD416161
Expires 06/17/2005

SJ
Residency verified

* * * * * * * * * * * * * * * * * * *

THIS PAGE

INTENTIONALLY

LEFT BLANK

* * * * * * * * * * * * * * * * * * *