

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: ARTISTIC CUTS & Landscaping  
BUSINESS STREET ADDRESS: 11866 SW 44th ST, Davie, FL ZIP 33330  
BUSINESS MAILING ADDRESS: SOMER ZIP \_\_\_\_\_  
BUSINESS PHONE: 954-572-6996  
DESCRIBE TYPE OF BUSINESS: LAWN Maintenance & Landscaping  
BUSINESS IS: Corporation  Sole Proprietor  Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Fred Jensen</u>	<u>11866 SW 44th St. Davie, FL</u>	<u>Davie, FL</u>	<u>370-9290</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 559 64-0806

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, 99, 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.**

Fred Jensen President  
Print Owner or Officers Name and Title  
[Signature]  
Signature of Owner or Officer

Office Use Only: Date <u>5/21/99</u> Category <u>08600</u> Fee <u>21-</u> Rec# <u>185813</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>9912390</u> Control # <u>10766</u> Zoning <u>R-1</u> (Lawn Care)
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
TOWN CLERK APPROVAL _____