

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: His Presence, Inc  
BUSINESS STREET ADDRESS: 2151 S.W. 117 Terr ZIP 33325  
BUSINESS MAILING ADDRESS: 2151 S.W. 117 Terr Davie, Fla ZIP 33325  
BUSINESS PHONE: (954) 473-0360  
DESCRIBE TYPE OF BUSINESS: Linens and decorations wholesale  
BUSINESS IS: Corporation  Sole Proprietor  Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Cheryl Gerber	2151 S.W. 117 Terr	Davie Fla	33325 954 473-0360
2.			

Federal ID Number or Social Security Number 386-98-2540

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.**

Cheryl Gerber/owner Cheryl Gerber/owner  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>4/30/99</u> Category <u>15950</u> Fee <u>52.50</u> Recl# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>99-12312</u> Control # <u>10697</u> Zoning <u>R-1</u> (Home Estates) Date _____
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval _____
Town Council Date <u>5/19/99</u> <u>Not present</u> Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
<b>TOWN CLERK APPROVAL</b> _____