

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: Skyline Masonry, Inc.
BUSINESS STREET ADDRESS: 2950 SW 124 Ave Davie ZIP 33330
BUSINESS MAILING ADDRESS: same as above ZIP
BUSINESS PHONE: (954) 452-9874
DESCRIBE TYPE OF BUSINESS: C.B.S. Construction (subcontractor)
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Glenn M. Gorman</u>	<u>2950 SW 124 Ave Davie</u>	<u>33330</u>	<u>452-9874</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 65-0899724

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.

Glenn M. Gorman President
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>5/20/99</u> Category <u>05806</u> Fee <u>39.37</u> Rec# _____ New _____ Trans _____
License # <u>9912384</u> Control # <u>10762</u> Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
TOWN CLERK APPROVAL _____

1/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION