

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: T.J.M. Contractors Inc

BUSINESS STREET ADDRESS: 14591 SW 23rd St. Davie Fla. ZIP 33325

BUSINESS MAILING ADDRESS: 14591 SW 23rd street Davie Fla. ZIP 33325

BUSINESS PHONE: (954) 931-5012

DESCRIBE TYPE OF BUSINESS: General Contractor

BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Tim Munson</u>	<u>14591 SW 23rd St</u>	<u>Davie 33325</u>	<u>474-8408</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 650622892

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.

Tim Munson
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>6/2/99</u> Category <u>05800</u> Fee <u>78.75</u> Rec# <u>185837</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # _____ Control # _____ Zoning <u>R-1</u> (<u>back Hill</u>)
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
TOWN CLERK APPROVAL _____