

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: ENDEAVOR INVESTMENT PROPERTIES, INC.

BUSINESS STREET ADDRESS: 13240 SW 320T DAVIE ZIP 33330

BUSINESS MAILING ADDRESS: SAME ZIP _____

BUSINESS PHONE: 954-577-0698

DESCRIBE TYPE OF BUSINESS: REAL ESTATE INVESTMENT

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>CHERYL DUGGAN</u>	<u>13240 SW 320T</u>	<u>DAVIE 33330</u>	<u>954 577 0698</u>
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, 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 DUGGAN, PRESIDENT Cheryl Duggan
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>6/25/99</u> Category <u>13500</u> Fee <u>52.50</u> Rec# <u>524608</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>99-12495</u> Control # <u>10856</u> Zoning _____
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
TOWN CLERK APPROVAL _____

4/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION