

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: A NOT ABOVE LAWN SERVICE, INC.

BUSINESS STREET ADDRESS: 14430 SW 24 ST ZIP 33325

BUSINESS MAILING ADDRESS: _____ ZIP _____

BUSINESS PHONE: (954) 452-9190

DESCRIBE TYPE OF BUSINESS: LAWN MAINTENANCE

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>DAVID A. CLAASS</u>	<u>14430 SW 24 ST - DAVIE, FL</u>	<u>33325</u>	<u>452-9190</u>
2. <u>CHERYL L. CLAASS</u>	<u>14430 SW 24 ST - DAVIE</u>	<u>33325</u>	<u>452-9190</u>

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, _____, 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 L. CLAASS _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>9/2/99</u> Category <u>081000</u> Fee <u>4620</u> Rec# <u>50472</u> New _____ Trans _____		
License # _____	Control # _____	Zoning <u>R-1</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____	Date _____
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
TOWN CLERK APPROVAL _____		