

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: LANG INVESTMENTS, INC
BUSINESS STREET ADDRESS: 4200 SW 102 AVE, DAVIE ZIP 33328
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: (954)452-1899
DESCRIBE TYPE OF BUSINESS: RENTAL AGENCY
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>INGO LANG</u>	<u>SAME AS ABOVE</u>	<u>SAME AS ABOVE</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, ~~1999~~, 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.

INGO LANG _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>8/2/99</u> Category <u>15601</u> Fee <u>6.30</u> Rec# <u>524739</u> New _____ Trans <input checked="" type="checkbox"/>
License # <u>99-12738</u> Control # <u>11009</u> 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 _____