

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: Dimensions in Psychology, Annette B. Massey, PhD

BUSINESS STREET ADDRESS: 2780 SW 155 LN Davie, FL ZIP 33331

BUSINESS MAILING ADDRESS: Same ZIP \_\_\_\_\_

BUSINESS PHONE: 954-472-3578

DESCRIBE TYPE OF BUSINESS: Billing for Psychology (own) services from home

BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Annette B. Massey, PhD</u>	<u>2780 SW 155 LN</u>	<u>Davie, FL 33331</u>	<u>954-472-3578</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, 2000, 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.**

Annette B. Massey, PhD  
Print Owner or Officers Name and Title

Annette B. Massey  
Signature of Owner or Officer

Office Use Only: Date <u>9/30/99</u> Category <u>15100</u> Fee <u>57.75</u> Rec# <u>18356</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>99-12957</u> Control # <u>11144</u> Zoning <u>R-1</u> (D&M allow)
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
<b>TOWN CLERK APPROVAL</b> _____