

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: CPR Works, Inc
BUSINESS STREET ADDRESS: 1720 SW 116 Ave Davie Fl ZIP 33325
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: (954) 236-9096
DESCRIBE TYPE OF BUSINESS: CPR, First Aid Training, Educational Services
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Gary L. Macintosh	1720 SW 116 Ave	Davie Fl	475-3002
2. Joanne Macintosh	" " " "	" " " "	" " " "

Federal ID Number or Social Security Num: _____

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.

Gary L. Macintosh, Pres Gary L. Macintosh
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>11/30/99</u> Category <u>15100</u> Fee <u>5250</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>00-13164</u> Control # <u>11284</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 _____

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION