

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: Starz + Stormz
BUSINESS STREET ADDRESS: 11001 SW. 25th St. Davie, Fl. ZIP 33324
BUSINESS MAILING ADDRESS: 11001 SW. 25th St. Davie, Fl. ZIP 33324
BUSINESS PHONE: (954) 336-7174
DESCRIBE TYPE OF BUSINESS: Pool Maintenance
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Eugene C. Grey</u>	<u>11001 SW 25th St.</u>	<u>Davie / 33324</u>	<u>(954) 474-4064</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, _____, 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.

Eugene C. Grey President _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>3/9/00</u> Category <u>17050</u> Fee <u>31.50</u> Rec# <u>642718</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>20-13490</u> Control # <u>11528</u> Zoning <u>R-1</u>
Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
TOWN CLERK APPROVAL _____