

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: DESIGNER PAVERS, INC
BUSINESS STREET ADDRESS: 2751 SW 130TH TERR ZIP 33330
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954 921-5555
DESCRIBE TYPE OF BUSINESS: BRICK PAVEMENT INSTALLATION
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MELANIE PARDELL</u>	<u>2751 SW 130TH TERR</u>	<u>DAVIE FL 33330</u>	<u>(954) 921-5555</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, 20, 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.

MELANIE PARDELL, PRES. _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>4/17/00</u> Category <u>058006</u> Fee <u>39.38</u> Rec# <u>624794</u> New <input checked="" type="checkbox"/> Trans _____			
License # <u>00-13611</u>	Control # <u>11617</u>	Zoning <u>R-1</u>	<u>Walden</u>
Council approval Required _____	Yes _____ No _____	Zoning Approval _____	Date _____
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION