

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: STRUCTURAL INSPECTION OF SOUTH FLORIDA

BUSINESS STREET ADDRESS: 12040 S.W. 326 CT. ZIP 33330

BUSINESS MAILING ADDRESS: SAME AS ABOVE ZIP _____

BUSINESS PHONE: (954) 380-2099

DESCRIBE TYPE OF BUSINESS: REAL ESTATE INSPECTION

BUSINESS IS: Corporation _____ Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
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1. <u>JACK C DOWNS</u>	<u>12040 SW 26 CT.</u>	<u>33330</u>	<u>382-2099</u>
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2. _____	_____	_____	_____
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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.

<u>JACK DOWNS owner</u>	<u>Jack C. Downs owner</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>4/1/00</u> Category <u>18400</u> Fee <u>10.50</u> Rec# _____ New _____ Trans <input checked="" type="checkbox"/>
License # <u>00-13587</u> Control # <u>11597</u> Zoning <u>R-1</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