

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: Sumner Communities, Inc.

BUSINESS STREET ADDRESS: 200 SW 134 Ave. Davie ZIP 33330

BUSINESS MAILING ADDRESS: 200 SW 134 Ave. Davie ZIP 33330

BUSINESS PHONE: (954) 973-4640

DESCRIBE TYPE OF BUSINESS: Home Services

BUSINESS IS: Corporation  Sole Proprietor  Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>DELOACH, SUMNER</u>	<u>200 SW 134 Ave. Davie</u>	<u>FL 33330</u>	<u>(954) 973-4640</u>
2. <u>Ms. SUMNER</u>	<u>200 SW 134 Ave. Davie</u>	<u>FL 33330</u>	<u>(954) 973-4640</u>

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, 2011, 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.**

Sumner Communities, Inc.  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

<b>Office Use Only:</b> Date <u>6/1/11</u> Category <u>1540</u> Fee <u>5250</u> Rec# <u>92594</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>			
License # <u>00-13817</u>	Control # <u>11769</u>	Zoning <u>R-1</u> <u>(Paradise Farms)</u>	
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval _____	Date _____	
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> _____			