

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: CyberWork, Inc.  
BUSINESS STREET ADDRESS: 4200 SW 95 Ave, Davie FL ZIP 33328  
BUSINESS MAILING ADDRESS: Same as above ZIP \_\_\_\_\_  
BUSINESS PHONE: (954) 236-3815  
DESCRIBE TYPE OF BUSINESS: Secretarial & Editing Services  
BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Jill Fiorentino</u>	<u>4200 SW 95 Ave</u>	<u>DAVIE, 33328</u>	<u>236-3815</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, 11, 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.**

Jill Fiorentino, President      Jill Fiorentino  
Print Owner or Officers Name and Title      Signature of Owner or Officer

Office Use Only: Date: <u>4/26/00</u> Category <u>16300</u> Fee <u>31.50</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>04-13887</u> Control # <u>11821</u> Zoning <u>A-1</u>
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____