

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: ALL Budget Doors

BUSINESS STREET ADDRESS: 14059 SW 27th ZIP 33330

BUSINESS MAILING ADDRESS: same ZIP \_\_\_\_\_

BUSINESS PHONE: 954-475-8799

DESCRIBE TYPE OF BUSINESS: ~~Garage~~ Garage Door Repair

BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Robert W. McMillan	14059 SW 27th Ave	Davie	47587999
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.**

Robert W. McMillan President      Robert W. McMillan  
Print Owner or Officers Name and Title      Signature of Owner or Officer

Office Use Only: Date <u>9-14-2001</u> Category <u>5810</u> Fee Exempt per Sec. 13-13 _____	
License # <u>44-14200</u>	Control # <u>12015</u> Zoning <u>R-1</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> _____	

8/00      OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION