

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: Crawford Consulting Group, Inc.
BUSINESS STREET ADDRESS: 13301 SW 30 CT, DAVIE, FL ZIP 33330
BUSINESS MAILING ADDRESS: P.O. Box 267908, Weston, FL ZIP 33326
BUSINESS PHONE: (954) 474-1408
DESCRIBE TYPE OF BUSINESS: Human Resources Consulting
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Amy L. Crawford-Fernandez</u>	<u>13301 SW 30 CT</u>	<u>DAVIE, FL</u>	<u>(954) 476-4605</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, 2001, 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>Amy L. Crawford, President</u> Print Owner or Officers Name and Title	<u>Amy L. Crawford</u> Signature of Owner or Officer
---	---

Office Use Only: Date <u>4/1/00</u> Category <u>HR200</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>385.00</u> Rec# <u>20015275</u> New <input checked="" type="checkbox"/> Trans. <input type="checkbox"/>
License # <u>0143517</u> Control # <u>12133</u> Zoning <u>R-1</u>
Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____