

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: OMEGA GROUP USA
BUSINESS STREET ADDRESS: 11965 SW 15th CT ZIP 33325
BUSINESS MAILING ADDRESS: 11965 SW 15th CT ZIP 33325
BUSINESS PHONE: 954-424-3273
DESCRIBE TYPE OF BUSINESS: Computer Training
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Pierre P. Girard</u>	<u>11965 SW 15th CT</u>	<u>DAVIE FL 33325</u>	<u>954-424-2752</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, _____, 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.

Pierre P. Girard President Pierre P. Girard
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>9/28/00</u> Category <u>05001</u> Fee <u>44.10</u> Renewal <input checked="" type="checkbox"/> Rec'd _____	New <input checked="" type="checkbox"/> Trans <input checked="" type="checkbox"/>	
License # <u>44-14337</u>	Control # <u>12096</u>	Zoning <u>R-1</u> <u>(1st Single Room)</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____	Date _____
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____		