

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: SENIOR CARE SOLUTIONS, LLC.
BUSINESS STREET ADDRESS: 13330 SW 29 Ct. Davie ZIP 33330
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954-382-5730
DESCRIBE TYPE OF BUSINESS: HOMEMAKER COMPANION AGENCY
BUSINESS IS: Corporation _____ Sole Proprietor _____ Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>ALTHIA ELLIS</u>	<u>13330 SW 29 Ct</u>	<u>Davie 33330</u>	<u>954-382-5730</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, 2003, 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.

ALTHIA ELLIS
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer 03

Office Use Only: Date <u>3/22/02</u> Category <u>18400</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>\$110.25</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>03-17204</u> Control # <u>14251</u>	Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> Date <u>8/28/02</u>	Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____	

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____