



Town of Windermere  
614 Main Street  
Windermere, FL 34786  
*Office: 407-876-2563 Fax: 407-876-0103*

## LOCAL BUSINESS TAX RECEIPT REQUEST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(If Home Local Business Tax Receipt – must be a Post Office Box)

HOME ADDRESS: \_\_\_\_\_

### CONTACT INFORMATION

PHONE: (BUSINESS) \_\_\_\_\_ (HOME) \_\_\_\_\_

(For Emergency Contact)

(CELL) \_\_\_\_\_ (E-M) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

STATE PROFESSIONAL LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

(If Applicable)

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### **For Office Use:**

Conforms to Windermere Licenses and Business Regulations: Yes \_\_\_\_\_ No \_\_\_\_\_

Council Approval Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Town License # \_\_\_\_\_ Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

License Issued Date: \_\_\_\_\_

Fire Inspection Approval Date: \_\_\_\_\_

Zoning Approval Date: \_\_\_\_\_