



CITY OF WINTER SPRINGS, FLORIDA

1 126 EAST STATE ROAD 434
 WINTER SPRINGS, FLORIDA 32708-2799
 Telephone (407) 327-1800 Fax (407)327-4784

**CITY OF WINTER SPRINGS/SEMINOLE COUNTY
 BUSINESS TAX RECEIPT APPLICATION**

GENERAL INSTRUCTIONS: This application must be completed and signed. The applicant may not operate or engage in business until the Business Tax is paid. Any profession requiring state licensing, certification, or registration is required to be presented to the City of Winter Springs prior to receiving a business tax receipt.			
BUSINESS NAME:			
BUSINESS LOCATION ADDRESS:		SUITE:	
CITY/STATE/ZIP:			
PHONE:	FAX:	EMAIL:	
MAILING ADDRESS (if different than location address):			
CITY/STATE/ZIP:			
BUSINESS OPENING DATE (in Winter Springs):		FEDERAL EMPLOYER ID # OR SOCIAL SECURITY #:	
NOTICE: Pursuant to Florida Statue 119.071(5), the City of Winter Springs is required to collect your social security number for production of a local business tax receipt when a federal identification number is not provided. All information is subject to public record <u>except</u> for social security numbers.			
OWNER/OFFICER LAST NAME:		FIRST NAME:	
HOME ADDRESS:		CITY/STATE/ZIP:	
PHONE:	FAX:	EMAIL:	
DRIVER LICENSE NUMBER:	STATE:	EXPIRATION DATE:	DATE OF BIRTH:
NATURE OF BUSINESS:			
CHECK THE FOLLOWING THAT APPLIES:			
<input type="checkbox"/> NEW HOME OFFICE <u>ONLY</u> <input type="checkbox"/> NEW COMMERCIAL <input type="checkbox"/> TRANSFER			
If Transfer Check One: <input type="checkbox"/> Name <input type="checkbox"/> Location <input type="checkbox"/> Owner		TRANSFERRED FROM:	
ADDITIONAL REQUIREMENTS: (Attach Copies)	STATE LICENSE NUMBER:	FICTITIOUS NAME AND/OR CORPORATION NUMBER:	SALES TAX NUMBER:
FICTITIOUS NAME EXEMPTION INFORMATION: By affixing my name and signature below, I understand that I am affirming that my business or profession is exempt from the Fictitious Name Registration as defined in Florida Statutes Section 205.023 for this reason:			
<input type="checkbox"/> Licensed attorney forming a business for the practice of law in the state of Florida.			
<input type="checkbox"/> Registered with the Department of Business and Professional Regulation or the Department of Health and their licensing board have not imposed requirements for the registration as a fictitious name.			
<input type="checkbox"/> Corporation, partnership or other legal entity filed or registered and in good standing with the Division or Corporations and is not transacting business under any other name.			
<input type="checkbox"/> Name(s) (first and last) of the owner(s) is/are the business name.			



CITY OF WINTER SPRINGS, FLORIDA

1126 EAST STATE ROAD 434
WINTER SPRINGS, FLORIDA 32708-2799
Telephone (407) 327-1800 Fax (407)327-4784

**CITY OF WINTER SPRINGS/SEMINOLE COUNTY
BUSINESS TAX RECEIPT APPLICATION**

COMMERCIAL BUSINESS USAGE/UNIT/FEE INFORMATION:

<input type="checkbox"/> Retail/Wholesale/Service/Office: <input type="checkbox"/> Restaurant/Lounge: <input type="checkbox"/> Schools/Daycare/Group Home: <input type="checkbox"/> Rentals (Residential/Commercial): <input type="checkbox"/> Vending: <input type="checkbox"/> Taxicab/Limousine:	Number of Employees: _____ Number of Seats: _____ Serving Alcoholic Beverages: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Students/Residents/Beds: _____ Number of Units: _____ Square Footage: _____ Number of Vending/Coin-Operated Machines/ATM's: _____ Number of Vehicles: _____
--	---

CERTIFICATION: I swear or affirm that the information contained herein is true and correct to the best of my knowledge and belief. I acknowledge that payment of the business tax does not waive the requirements of any City, County, State, or Federal ordinance, statute, rule or regulation that I must meet prior to entering into the business or profession for which the business tax is paid, nor does payment of the tax indicate that my place of business has any appropriate zoning or land development approvals. I acknowledge that I must contact Code Enforcement to determine the need for a zoning verification letter, site development order, building permit and/or certificate of completion/occupancy. I acknowledge that the City of Winter Springs Traffic Ordinance prohibits parking within the right of way of any road for the purpose of selling merchandise or services.

Signature of Applicant

Printed Name of Applicant

Date

THE CITY OF WINTER SPRINGS WELCOMES YOUR BUSINESS!