



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**

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.			
CHECK THE FOLLOWING THAT APPLIES: <input type="checkbox"/> HOME OFFICE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> TRANSFER			
If Transfer Check One: <input type="checkbox"/> Name <input type="checkbox"/> Location <input type="checkbox"/> Owner		TRANSFERRED FROM:	
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:			
ADDITIONAL REQUIREMENTS: (Attach Copies)	STATE LICENSE NUMBER:	FICTITIOUS NAME AND/OR CORPORATION NUMBER:	SALES TAX NUMBER:

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