



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
 COMMERCIALBUSINESS TAX RECEIPTSUPPLEMENTAL APPLICATION**

COMMERCIAL BUSINESS USAGE/UNIT/FEE INFORMATION:

ALL COMMERCIAL BUSINESSES:

Number of Employees: _____ Square Footage: _____ Number of Vehicles: _____

PLEASE COMPLETE ANY SECTION THAT APPLIES TO YOUR BUSINESS:

<p>RESTAURANT/LOUNGE: Number of Seats: _____ Serving Alcoholic Beverages: <input type="checkbox"/> Yes <input type="checkbox"/> No Dancing/DJ <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Pool Tables: _____ Number of Coin-Operated/Vending Machines/ATM's: _____</p>	<p>GAS STATION: Number of Gas Nozzles: _____ Serving Food: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Coin-Operated/Vending Machines/ATM's: _____ Number of Coin-Operated Vacuums: _____</p>	<p>BEAUTY SALON/BABER SHOP: Number of Employee Techs/Chairs: _____ Number of Independent Contractor Techs/Chairs: _____ *Independent contractors must have their own Business Tax Receipt. Selling Products: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Nail Techs: _____ Number of Tanning Booths/Beds: _____</p>	<p>HOSPITAL: Number of Beds: _____</p> <p>ADULT CONGREGATE LIVING: Number of Units/Rooms: _____</p>
<p>DAYCARE/VPK: Number of Students/Children: _____</p>	<p>RENTAL PROPERTY/APARTMENT: Number of Units: _____</p>	<p>TRAILER PARK: Number of Spaces: _____ Number of Coin-Operated/Vending Machines/ATM's: _____</p>	<p>HOTELS/MOTELS/BOARDING HOUSES: Number of Rooms: _____ Number of Coin-Operated/Vending Machines/ATM's: _____</p>
<p>ATHLETIC/RECREATIONAL FACILITY: Number of Parking Spaces: _____ Number of Coin-Operated/Vending Machines/ATM's: _____</p>	<p>AUTO/BOAT STORAGE: Number of Spaces: _____</p>	<p>THEATHER: Number of Screening Rooms: _____ Number of Coin-Operated/Vending Machines/ATM's: _____</p>	<p>FLEA/FARMER'S MARKET: Number of Booths: _____</p>

CERTIFICATION: I swear or affirm that the information contained herein is true and correct to the best of my knowledge and belief.

 Signature of Applicant

 Printed Name of Applicant

 Date

THE CITY OF WINTER SPRINGS WELCOMES YOUR BUSINESS!