



CITY OF WINTER SPRINGS, FLORIDA

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

Customer Service
Division

FILING THIS APPLICATION FOR A BUSINESS TAX RECEIPT DOES NOT ALLOW APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS UNTIL THE CITY ISSUES A BUSINESS TAX RECEIPT TO THE APPLICANT. ANY PERSON, FIRM OR CORPORATION WHO SHALL ENGAGE IN ANY BUSINESS, PROFESSION OR OCCUPATION WITHOUT A BUSINESS TAX RECEIPT SHALL BE PUNISHED IN ACCORDANCE WITH CITY CODE.

BSTX: _____

PLEASE TYPE OR PRINT CLEARLY:

CHECK THE FOLLOWING WHICH APPLIES:

- Commercial Home Occupation
- NEW Update Add Classification Change Classification
- Transfer:** Name Location Ownership

Transferred From: _____

- Incorporation LLC Fictitious Name Using Business Owners Name

1. Name of Business _____

2. Address of Business _____

City _____ State _____ Zip Code _____ Zoning: _____

Business Phone: _____ Fax Number: _____

E-mail: _____

3. Mailing address _____
(If different from business address)

4. Date open in Winter Springs: ____ / ____ / ____

5. Ownership Information (All applicants are required to complete the attached Ownership Information Form **IN FULL**)

Additional Requirements:
Please provide copies of the listed requirements that apply to your business

State License # _____

Fictitious Name Registration# _____

Incorporation or LLC Papers

Lease Agreement or Bill of Sale, if commercial location

Over →

DETAILED DESCRIPTION OF BUSINESS ACTIVITIES AND PRODUCTS:

USAGE/UNIT/FEE INFORMATION: (Please answer those applicable to the use) A copy of lease agreement is required.

RETAIL/WHOLESALE/SERVICE/OFFICE: Number of Employees: _____

RESTAURANT/LOUNGE: Number of Seats: _____
Serving Alcoholic Beverages (check one) Yes No

SCHOOLS/DAY CARE/GROUP HOME: Number of Students/Residents/Beds: _____

RENTALS (Residential/Commercial): Number of Units: _____ Square Footage: _____

VENDING: Number of Vending/Coin-Operated Machines/ATM's: _____

TAXICAB/ LIMOUSINE: Number of Vehicles: _____

Home business tax:

1. There shall be no business activity allowed on premises.
2. No storage of equipment, supplies, and/or commercial vehicles on premises.
3. No employees to report and/or work on premises.
4. There is to be NO increase in traffic.

CERTIFICATION: I CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT A BUSINESS TAX RECEIPT ISSUED PURSUANT TO THIS APPLICATION DOES NOT WAIVE REQUIREMENTS OF ANY CITY, COUNTY, STATE OR FEDERAL ORDINANCE, STATUTE OR REGULATION THAT I MUST MEET PRIOR TO ENTERING INTO THE BUSINESS, PROFESSION OR OCCUPATION FOR WHICH THE BUSINESS TAX RECEIPT IS SOUGHT. I WILL COMPLY WITH ALL SUCH REQUIREMENTS, AND UNDERSTAND THAT FAILURE TO DO SO IS PUNISHABLE IN ACCORDANCE WITH CITY CODE. UNDER PENALTIES OF PERJURY, I DECLARE I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Individual/Owner or Officer *Title* *Date* / /

Please Print Name _____

★★Please note we do not accept credit cards, please make checks payable to The City of Winter Springs★★

Business Owner/Co-Owner Information

Owner Name _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____ Social Security No. ____ - ____ - ____

Drivers License Number: _____ Expiration date ____ / ____ / ____
(Please include a copy)

Co-Owner Name _____ Title _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth: ____ / ____ / ____

Drivers License Number: _____ Expiration date: ____ / ____ / ____
(Please include a copy)

Co-Owner Name _____ Title _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth: ____ / ____ / ____

Drivers License Number: _____ Expiration date: ____ / ____ / ____
(Please include a copy)