



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

**LOCAL HOME 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) \_\_\_\_\_  
 (CELL) \_\_\_\_\_ (E-M) \_\_\_\_\_  
 (For Emergency Contact)

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

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

STATE PROFESSIONAL LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 (If Applicable)

*Email - primary contact:* \_\_\_\_\_

**For Office Use:**

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

Town Manager Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Approval: \_\_\_\_\_

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

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