



THE TOWN OF
Windermere

614 Main Street
Windermere, FL 34786
Office 407-876-2563

LOCAL BUSINESS TAX RECEIPT REQUEST

NAME: _____ DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

HOME ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

STATE PROFESSIONAL LICENSE #: _____ EXP. DATE: _____

FOR OFFICE USE ONLY

Business Tax Receipt fee due: _____

Date paid: _____

Business Tax Receipt # _____

Business Tax Receipt issue date: _____

Town Manager Signature: _____

Date Signed: _____