



Town of Windermere
P. O. Drawer 669
614 Main Street
Windermere, ME 34786

Office: 407-876-2563

Fax: 407-876-0103

FY 09-10 LOCAL 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) _____
 (For Emergency Contact)
 (CELL) _____ (E-M) _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

STATE PROFESSIONAL LICENSE # _____ EXP. DATE _____
 (If Applicable)

For Office Use:

Conforms to Windermere Licenses and Business Regulations: Yes _____ No _____

Council Approval Required: Yes _____ No _____ Date of Approval: _____

Town License # _____ Fee: _____ Date Paid: _____

License Issued Date: _____