



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

**Office: 407-876-2563      Fax: 407-876-0103**

### **FY 11-12 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)

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**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: \_\_\_\_\_