

**CITY OF FELLSMERE  
21 S. CYPRESS STREET  
FELLSMERE, FLORIDA 32948**

**LOCAL BUSINESS TAX RECEIPT APPLICATION**

Date: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

**(Please type or print clearly)**

Applicant's Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

I certify that the information contained on this Application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

State of Florida Driver's License Number: \_\_\_\_\_

Tag Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

FEIN (Federal Employee Identification Number): \_\_\_\_\_

**Please note that per State Statute 205.0535(5) either a Social Security Number or FEI Number must be given.**

**FOR OFFICE USE ONLY**

Category: \_\_\_\_\_

License Number: \_\_\_\_\_

Date Application was received: \_\_\_\_\_

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

Total Tax: \_\_\_\_\_

Penalty: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_