



## CITY OF WINTER SPRINGS, FLORIDA

1126 EAST STATE ROAD 434  
 WINTER SPRINGS, FL 32708-2799  
 TELEPHONE: (407) 327-5963 E-MAIL: BTR@winterspringsfl.org

### CITY OF WINTER SPRINGS/SEMINOLE COUNTY COMMERCIAL BUSINESS TAX RECEIPTS SUPPLEMENTAL APPLICATION

<b>COMMERCIAL BUSINESS USAGE/UNIT/FEE INFORMATION:</b>			
<b>ALL COMMERCIAL BUSINESSES:</b>			
Number of Employees: _____ Square Footage: _____ Number of Vehicles: _____			
<b>PLEASE COMPLETE ANY SECTION THAT APPLIES TO YOUR BUSINESS:</b>			
<b>RESTAURANT/LOUNGE:</b>  Number of Seats: _____ Serving Alcoholic Beverages: <input type="checkbox"/> Yes <input type="checkbox"/> No Dancing/DJ <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Pool Tables: _____ Number of Coin-Operated/Vending Machines/ATM's: _____	<b>GAS STATION:</b>  Number of Gas Nozzles: _____ Serving Food: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Coin-Operated/Vending Machines/ATM's: _____ Number of Coin-Operated Vacuums: _____	<b>BEAUTY SALON/BABER SHOP:</b>  Number of Employee Techs/Chairs: _____ Number of Independent Contractor Techs/Chairs: _____ *Independent contractors must have their own Business Tax Receipt. Selling Products: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Nail Techs: _____ Number of Tanning Booths/Beds: _____	<b>HOSPITAL:</b> Number of Beds: _____  <b>ADULT CONGREGATE LIVING:</b> Number of Units/Rooms: _____
<b>DAYCARE/VPK:</b> Number of Students/Children: _____	<b>RENTAL          PROPERTY/APARTMENT:</b> Number of Units: _____	<b>TRAILER PARK:</b> Number of Spaces: _____ Number of Coin-Operated/Vending Machines/ATM's: _____	<b>HOTELS/MOTELS/BOARDING          HOUSES:</b> Number of Rooms: _____ Number of Coin-Operated/Vending Machines/ATM's: _____
<b>ATHLETIC/RECREATIONAL          FACILITY:</b> Number of Parking Spaces: _____ Number of Coin-Operated/Vending Machines/ATM's: _____	<b>AUTO/BOAT STORAGE:</b> Number of Spaces: _____	<b>THEATER:</b> Number of Screening Rooms: _____ Number of Coin-Operated/Vending Machines/ATM's: _____	<b>FLEA/FARMER'S MARKET:</b> Number of Booths: _____

**CERTIFICATION:** I swear or affirm that the information contained herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Printed Name of Applicant

\_\_\_\_\_  
 Date

**THE CITY OF WINTER SPRINGS WELCOMES YOUR BUSINESS!**