



85 E. Central Ave.

Webster, FL 33597

352-793-2073

Local Business Tax Application

Business Name: _____

Business Description: _____

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email: _____

State License# _____

SUMTER COUNTY FARMER'S MARKET VENDORS ONLY

STALL # _____ ROW: _____

By signing my signature below, I am certifying that the above information is true and accurate to the best of my knowledge. I also certify that I am an authorized agent and allowed to execute this business license application.

SIGNATURE: _____

DATE: _____