CITY OF WEBSTER
85 E CENTRAL AVE, WEBSTER, FL 33597
352-793-2073

LOCAL BUSINESS TAX APPLICATION

BUSINESS NAME: _____

OWNERS NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

STATE ID #/ TAX ID #/ EIN #: _____

EXEMPT (OVER 65 OR VETERAN AND MUST SHOW PROOF) Y / N

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION PROVIDED ABOVE 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: _____

OFFICE USE ONLY:

CUST ID _____

COLOR & LICENSE # _____

EXPIRATION/EXEMPT_____