

**\*\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\*\*\***



**APPLICATION FOR SUB-CONTRACTOR AND/OR  
1099 INDEPENDENT CONTRACTOR AND/OR  
MOBILE FOOD DISPENSING VEHICLE  
APPLICATION FOR LOCAL BUSINESS TAX RECEIPT**  
1300 9th Street, St. Cloud, Florida 34769 | Phone: 407-957-8422 Fax: 407-957-7290

FOR OFFICIAL USE ONLY
Received By: _____
Date Received: _____

FOR OFFICIAL USE ONLY			
TRANSFER _____	License No: _____		
FEE TYPE	FEE	UNIT	AMOUNT
Local Business Tax Receipt	\$56.28		\$
Transfer Fee	\$5.63		\$
Application Fee	\$20.00		\$
	<b><u>TOTAL DUE</u></b>		\$
	<b><u>AMOUNT PAID</u></b>		\$
	<b><u>BALANCE DUE</u></b>		\$

Description of Business, Profession or Occupation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Business Where Services Will Be Performed or Held

\_\_\_\_\_

Name of Business, Profession or Occupation

\_\_\_\_\_

Applicant Name

\_\_\_\_\_

Business Physical Address

\_\_\_\_\_

Applicant Home Address

\_\_\_\_\_

Business Mailing Address

\_\_\_\_\_

Applicant Phone

\_\_\_\_\_

Business Phone

\_\_\_\_\_

Applicant's Email Address

\_\_\_\_\_

Applicant's SSN # or FEIN # - Required per FS 205-0535(5)

\_\_\_\_\_

Applicant's Driver's License #

**ANY TYPE OF SERVICE REQUIRING A STATE LICENSE MUST BE PRESENTED AT TIME OF APPLICATION**

**(Note: Please DO NOT sign this application until a NOTARY PUBLIC is present)**

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**STATE OF FLORIDA  
COUNTY OF OSCEOLA**

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_

Name of Notary Typed, Printed or Stamped / Commission No.

\_\_\_\_\_

Notary Public Signature

**APPLICATION WILL EXPIRE 30 DAYS AFTER SUBMITTAL IF ALL REQUIREMENTS ARE NOT MET BY APPLICANT AND THE NON-REFUNDABLE APPLICATION FEE WILL BE FORFEITED.**