Print Form

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
300 WEST PLANT STREET
WINTER GARDEN, FLORIDA 34787

P: 407.877.5136
F: 407.656.0839
WWW. WINTERGARDEN-FL.GOV

PROPERTY OWNER AUTHORIZATION OF USE

APPLICANT / BUSINESS INFORMATION:

APPLICANT/BUSINESS NAME: _____

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FACSIMILE: _____

EMAIL: _____

PROPERTY OWNER:

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELLULAR: _____

EMAIL: _____

I, _____, PROPERTY OWNER OF:

ADDRESS: _____

COMMERCIAL PROPERTY

☐ HEREBY GIVE PERMISSION TO THE ABOVE MENTIONED APPLICANT/BUSINESS , WHO IS APPLYING FOR A OPEN-AIR VENDER PERMIT, TO USE THE ABOVE LISTED LOCATION **AND WILL HAVE FULL USE OF THE RESTROOM FACILITES LOCATED AT THE ABOVE ADDRESS**. THE LOCATION OF THIS BUSINESS IS COMMERCIAL, THEREFORE, IT SHALL ONLY BE USED FOR THE PURPOSES ALLOWED BY THE CITY CODE.

RESIDENTIAL PROPERTY

☐HEREBY GIVE PERMISSION TO THE ABOVE MENTIONED APPLICANT/BUSINESS, RENTER, WHO IS APPLYING FOR A **RESIDENTIAL BUSINESS TAX RECEIPT FOR HOME OFFICE ONLY**, TO USE THE ABOVE LISTED LOCATION AS HIS/HER LISTED BUSINESS ADDRESS. THEREFORE, IT SHALL ONLY BE USED FOR THE PURPOSES ALLOWED BY THE CITY CODE.

_____
PROPERTY OWNER'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__ BY _____, WHO DID NOT TAKE AN OATH.

☐ PERSONALLY KNOWN OR;

☐ PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

Notary Seal

_____
SIGNATURE OF NOTARY

Any questions or concerns you may contact the Business Tax Division at (407) 877-5136.