



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;

Notary Seal

PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

SIGNATURE OF NOTARY

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