



BUSINESS TAX RECEIPT APPLICATION (FOR INDIVIDUAL)

NAME: _____

BUSINESS NAME: _____

TAX ID OR SOCIAL SECURITY NUMBER: _____

STATE LICENSE NUMBER: _____

PHYSICAL ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

MAILING ADDRESS IF DIFFERENT: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____

CELL: _____ EMAIL: _____

BUSINESS DESCRIPTION: _____

Print Name

Title

Signature

Date

City of Cape Coral – City Clerk’s Department
Business Tax Receipts Division
P.O. BOX 150027, CAPE CORAL, FL 33915
EMAIL: businesstaxreceipts@capecoral.gov