

CITY OF WILDWOOD
APPLICATION FOR BUSINESS REGISTRATION

This application must be completed and submitted to the City Clerk's Office
Processing of the Business Registration may take to 10 working days.

NEW [] RENEWAL [] TRANSFER: OWNER [] LOCATION []

City of Wildwood Business Registration, covering the business, profession, or occupation hereinafter described for the year, OCTOBER 1, 20____ through SEPTEMBER 30, 20____. Renewal is due on or before October 1, 20____.

Application is hereby made for an Business Registration for the privilege of engaging in the business, profession, or occupation herein described.

BUSINESS INFORMATION:

BUSINESS OWNER INFORMATION:

NAME: _____

NAME: _____

MAILING ADDRESS: _____

ADDRESS: _____

LOCATION ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

STATE LICENSE OR CERTIFICATION NUMBER _____ (IF APPLICABLE)

STATE SALES TAX NUMBER _____ (ATTACH COPY TO APPLICATION)
FEDERAL ID/SSN _____

BUSINESS FUNCTION: _____

ADDITIONAL IF APPLICABLE:

OF VENDING MACHINES _____

OF AMUSEMENT DEVICES _____

OF SOLICITORS (INSURANCE) _____

SOLICITORS NAMES: _____

OF PUMPS (GASOLINE/DIESEL) _____

Office Use Only

CLASSIFICATION: _____

CITY BUSINESS REGISTRATION NUMBER _____

STATE OF FLORIDA
CITY OF WILDWOOD

DUE ON OR BEFORE OCTOBER 1st.

City Clerk

By signing this application, applicant states that all information is true and correct and is in compliance with all City, State and Federal laws. Any misrepresentation may result in the revocation of city license and/or accounts.

This _____ day of _____, 20____

Authorized Applicant Signature