

City of Winter Haven Merchants (Peddlers)/Temporary/Solicitors Business Tax Receipt Application 490 Third Street, NW Winter Haven, Florida 33881

Phone: 863-291-5695 Fax: 863-298-7856

Class ID #:	Class Fee Amount:	Account#:
Name of Applicant:		
Address of Applicant:		
	(Street)	
(City)	(State)	(Zip)
Phone Number:	Fax Number:	
Description of the nature	of the business & goods to be sold:	
Mailing Address of Busin	ness:	
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	(Street)	
(City)	(State)	(Zip)
M	erchants (Peddlers)/Temporary/Soli	citors License
Temporary Dates:		
Temporary Location:		
Questions or Problems: Classification of License Cost of License:	: Peddlers	of three (3) months – no more than 3



REQUIRED DOCUMENTATION:

- 1. Attach a notarized letter from the property owner or event coordinator granting permission for the use and accessibility to a restroom and cleaning facilities.
- 2. If selling food, applicant needs to have authorization from the Division of Hotel and Restaurant Department of Agriculture.
- 3. Applicant must attach proof of City of Winter Haven Police Department registration. To obtain please call (863-291-5649).
- 4. Applicant must provide a copy of the Polk County Business Tax Receipt. To obtain please call (863-534-4700).
- 5. Applicant must provide a copy of current Driver's License (**Required**).

NOTE:

• The activity must not be set up on a vacant lot or roadside right-of-way.

Applicant Signature:	Date:
Zoning:	
Planning Signature:Approval:	
BTR Clerk Signature:	Date:

Code of Ordinances, Sec. 9 – 191. Exhibition of license or registration

All persons coming under the provisions of this article shall carry on their person, and exhibit upon request by valid authority, a Business Tax Receipt or registration by this article.