



BUSINESS TAX RECEIPT UPDATE FORM

BTR #(s): _____

PRIMARY BILLING CONTACT NAME: _____
FIRST / LAST NAME

BUSINESS NAME: _____
AS LISTED ON SUNBIZ

DBA, if applicable: _____

TAX ID: _____ <OR> SS#/EIN: _____

STATE LICENSE NUMBER, if applicable: _____

PHYSICAL ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

MAILING/BILLING ADDRESS, if different: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CELL: _____

Current **EMAIL**: _____

NEW **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

Please email this form once completed to: businesstaxreceipts@capecoral.gov

Phone: 239-574-0430