



LOCAL BUSINESS TAX RECEIPT APPLICATION

OUT OF CITY (BTR)

*** Required fields**

NAME*: _____
Use this field if you are applying as an individual and not on behalf of a business.

PRIMARY BILLING CONTACT NAME*: _____
FIRST / LAST NAME

BUSINESS NAME*: _____
AS LISTED ON SUNBIZ

DBA*, if applicable: _____
AS LISTED ON SUNBIZ

TAX ID*: _____ <or> SS#/EIN*: _____

STATE LICENSE NUMBER*, if applicable: _____

PHYSICAL ADDRESS*: _____

CITY: _____ ST: _____ ZIP: _____

BILLING ADDRESS*: _____
IF DIFFERENT FROM THE PHYSICAL ADDRESS

CITY: _____ ST: _____ ZIP: _____

PHONE*: _____ CELL*: _____

EMAIL*: _____

BUSINESS DESCRIPTION*: _____

If you are a **contractor**, please indicate the **number of employees***, as the applicable fees are based on employee count _____. We still need this information if you are submitting an Exemption Form.

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