

City of Winter Haven  
Peddlers/Temporary/Restricted  
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#: _____
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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: \_\_\_\_\_

\_\_\_\_\_  
Name of Business Furnishing Goods to Sell: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Peddlers/Temporary/Restricted License

Temporary Dates: \_\_\_\_\_

Temporary Location: \_\_\_\_\_

Parcel ID# (required): \_\_\_\_\_

Questions or Problems: 863-291-5695

Classification of License: Peddlers

Cost of License: \$60.00 per year (a maximum of three (3) months – no more than 3 times per year, 30 days maximum each occurrence)  
\$20.00 per day

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. The activity must not be set up on a vacant lot or roadside right-of-way.
3. No vending allowed at the South West Complex grounds.
4. If selling food, applicant needs to have authorization from the Division of Hotel and Restaurant Department of Agriculture.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Future Land Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

Planning Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Planning Denial: \_\_\_\_\_

Date: \_\_\_\_\_