



# BUSINESS TAX RECEIPT APPLICATION

## (FOR INDIVIDUAL)

PRIMARY BILLING CONTACT NAME: \_\_\_\_\_  
FIRST / LAST NAME

BUSINESS NAME, if applicable: \_\_\_\_\_  
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: \_\_\_\_\_

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  
EMAIL: [businesstaxreceipts@capecoral.gov](mailto:businesstaxreceipts@capecoral.gov)