HENDRY COUNTY
TAX COLLECTOR
AMY COLLINS

BUSINESS TAX RECEIPT
AGENCY & ZONING APPROVAL

Business Name: _____ Social Security/EIN #: _____

Owner Name: _____ Type of Business: _____

Physical Address: _____ City, State, Zip: _____

Property Identification Number (PIN): _____

Is the property located within the City of LaBelle or the City of Clewiston? ☐ Yes ☐ No
(*If yes, a copy of your City Business Tax Receipt will need to be submitted)*

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

The business applicant has obtained all necessary certifications or registrations required for the operation of the identified business. The business premises are located within a zoning district that authorizes such use. An inspection of the facility has been completed, confirming compliance with the applicable provisions of the Florida Administrative Code.

Approving Agency (Check One)

☐ Planning & Zoning ☐ Building Department – Licenses & Code Enforcement

☐ Fire Marshall ☐ Health Department ☐ City of LaBelle ☐ City of Clewiston

_____ _____
Approving Agency Signature Date

_____ _____
Printed Name Title

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1100 S. Olympia St. Suite 300
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