



PATSY HEFFNER, CFC OSCEOLA COUNTY TAX COLLECTOR

2501 E. Irlo Bronson Memorial Hwy. • P.O. Box 422105 • Kissimmee, Florida 34742-2105
Phone 407-742-4000 • Fax 407-742-4009
www.osceolataxcollector.org

Property Owner Affidavit

Notification to Owner and Request for Authorization

for tenant to apply for an Osceola County Local Business Tax Receipt.

As legal **owner** of the property located at _____
Print Physical Property Address (Street # , Name. City, State & Zip Code)

In Osceola County, Florida, I am aware and hereby give permission to my tenant _____
(Print Tenant Full Name (First, Middle initial, and Last Name))

to apply for a Local Business Tax Receipt and Home Occupation for the business of _____
(Print Full Business Name, Corporation or DBA if applicable)

Property Owner Printed Full Name

Property Owner Signature

Property Owner Mailing Address

City, State & Zip

Property Owner Daytime Phone Number

Property Parcel/Tax ID Number

Signed this ____ day of _____, 20__

State of _____ County of _____
The foregoing instrument was acknowledged before me this _____ day
of _____, by _____
who is personally known to me ____ or has produced _____
as identification, and did take an oath ____ or did not take an oath _____.

(Print Name of Notary) Notary Signature SEAL

St. Cloud Branch Office
1300 9th Street Ste. 101B
St. Cloud, Florida 34769

Buenaventura Lakes Branch Office
2539 Boggy Creek Rd.
Kissimmee, Florida 34744

Poinciana Branch Office
2924 Pleasant Hill Road
Kissimmee, Florida 34746