



**BRUCE VICKERS, CFC, CFBTO, ELC.**

**★ Osceola County Tax Collector ★**

2501 E. Irlo Bronson Memorial Hwy. / P.O. Box 422105 / Kissimmee, Florida 34742-2105

Phone 407-742-4000 / Fax 407-742-4008

[www.osceolataxcollector.org](http://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**  
2595 Simpson Road  
Kissimmee, Florida 34744

**Campbell City Branch Office**  
4730 South Orange Blossom Trail  
Kissimmee, Florida 34746