



13. State License No.: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**E. Change of Name/Address/Ownership (complete if applicable)**

17. Previous Business Name : \_\_\_\_\_

18. Previous Business Address : \_\_\_\_\_  
STREET CITY STATE ZIP

19. Transfer Business Ownership to: \_\_\_\_\_

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief under penalties of perjury. I acknowledge receipts of the instructions sheets issues by the City of Winter Park regarding this application. I acknowledge that this business is governed by the City of Winter Park Code and I am responsible for becoming familiar with the code and abiding by its requirements, with agreement to comply with all conditions of permit and provisions of City of Winter Park Solid Waste Ordinance I further understand that the acceptance of payment for this application does not constitute authority to do business prior to completion of all inspections and issuances of the license.

\_\_\_\_\_  
Applicant's Signature Print Name Date

SUBSCRIBE AND SWORN BEFORE ME THIS DAY OF , 20

Notary Public's Signature: NOTARY SEAL:

Print Name:

My Commission Expires:

Personally known or ID presented:

STAFF SIGN-OFF APPROVAL: DATE OF APPROVAL:

Comments, restrictions, conditions, etc: \_\_\_\_\_