



# BUILDING JOB SITE CARD

City of Belle Isle

## MECHANICAL PERMIT 2017-08-074

**PERMIT MUST BE POSTED ON SITE**

Permit Number: 2017-08-074

Site Address: 4416 Hoffner Ave (WAWA Store), 32809

Subdivision: (formerly 4400 Hoffner)

Description of Work: Install 7 commercial refrigerator units

Issue Date: 8/14/17

Parcel Number: 20-23-30-0000-00-050

Class: Commercial

Issued To: 5-Star Refrigeration & AC Inc

Name: Matthews, Joseph

Payment Date & Method: 8-14-17 AX 82019

Business Phone: 352 345 4813

Contractor License #: CMC076885

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@universalengineering.com)

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Next Business Day

**"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."**

BUILDING	INSPECTOR	DATE	COMMENTS
Demo Final			
Footing			
Stem Wall			
Slab			
Lintel/Tie Beam			
Down Pour			
Tilt Panel			
Window In-progress			
Sheathing (wall)			
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

<b>GAS</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
Rough Gas			
Final Gas			

<b>ELECTRICAL</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			

<b>MECHANICAL</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
Above Ceiling			
Rough			
Hood Vent			
Final			

<b>PLUMBING</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			

<b>ROOF</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
In-progress			
Final			

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@universalengineering.com)  
**SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME**  
 Inspection Results Will Be Sent Out the Following Business Day



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

RECEIVED  
AUG 11 2017

## APPLICATION FOR MECHANICAL PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 8/11/14

PERMIT NUMBER 2017-08-074

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 4400 Hoffner Ave (NAWA), Belle Isle FL 32809 32812  
Property Owner Wawa Florida LLC Phone \_\_\_\_\_  
Property Owner's Mailing Address 7022 TPC Dr City Orlando  
State FL Zip Code 32822 Parcel Id Number: 20-23-30-0000-00-050

To obtain this information, please visit <http://www.ocpafll.org/Searches/ParcelSearch.aspx>

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
Type of Work: New  Alteration  Addition  Repair

- REQUIRED: Tie Down Engineering
- REQUIRED: if adding A/C to new space, provide Energy Calculations & Equipment Sizing Calculations
- REQUIRED: if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units \_\_\_\_\_ Tons Per Unit \_\_\_\_\_ Total Tons \_\_\_\_\_  
Type of System: Water to Air \_\_\_\_\_ Chiller \_\_\_\_\_ Split System \_\_\_\_\_ Package \_\_\_\_\_ Heat Pump \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Heating: # of Units KWS Per Unit \_\_\_\_\_ Total KWS \_\_\_\_\_ BTU's \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Oil \_\_\_\_\_ Electric \_\_\_\_\_ Boiler \_\_\_\_\_ Gas \_\_\_\_\_  
(A) Estimated Cost Fee \$ \_\_\_\_\_

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation: (Number of) Grease \_\_\_\_\_ Heat \_\_\_\_\_ Hoods, Air Intakes \_\_\_\_\_ Exhaust Fans \_\_\_\_\_ Dryer Vents \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Refrigeration: Number of units 7 Per Plans 15TK 24x6 240.- Estimated Cost \$ \_\_\_\_\_  
2x6 72.-

Piping: Air \_\_\_\_\_ Vacuum \_\_\_\_\_ Steam \_\_\_\_\_ Chill Water \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
349 = 2 Estimated Cost \$ 36,520.-  
174.50

Others: (Specify) \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
(B) Estimated Cost Fee \$ 36,520.00

Was the space previously Air Conditioned? Yes \_\_\_\_\_ No \_\_\_\_\_  
I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE Joseph E. Matthews III LICENSE # CMC076885  
LICENSE HOLDER NAME Joseph E. Matthews, III COMPANY NAME 5-Star Refrigeration & A/C, Inc  
Street Address 23091 Cortez Blvd  
City Brooksville State FL Zip Code 34601 Phone Number 352-345-4813  
Email Address marlene.bowers@5-starrefrigeration.com

\*Refer to Approved Plans on File. CD3

paid 8-14-17 AX 82019

Building Official: <u>[Signature]</u> Date <u>8-12-17</u>	Permit Fee	\$ <u>349.-</u>
Verified Contractor's Licenses & Insurance are on file <u>[Signature]</u> Date <u>8-12-17</u>	Review Fee	\$ <u>174.50</u>
	2.5% Florida Surcharge	\$ <u>13.08</u>
	Total Permit Fee	\$ <u>536.59</u>

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.  
Building Permit Number 2017-01-085  
NOC ON FILE

87154  
349  
174.50  
523.50  
19% = 5.24  
1.59% = 7.85  
13.08



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783  
(850) 487-1395

MATTHEWS, JOSEPH EDWARD III  
5 STAR REFRIGERATION & AIR CONDITIONING INC  
23091 CORTEZ BOULEVARD  
BROOKSVILLE FL 34601

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently. Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CMC046885 ISSUED: 07/18/2016

CERTIFIED MECHANICAL CONTRACTOR  
MATTHEWS, JOSEPH EDWARD III  
5 STAR REFRIGERATION & AIR CONDITI

IS CERTIFIED under the provisions of Ch. 489 FS  
Expiration date: AUG 31, 2018 1:18:07 PM 07/18/2016

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD



<b>LICENSE NUMBER</b>	CMC046885
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The MECHANICAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS

Expiration date: AUG 31, 2018

MATTHEWS, JOSEPH EDWARD III  
5 STAR REFRIGERATION & AIR CONDITIONING INC  
23091 CORTEZ BOULEVARD  
BROOKSVILLE FL 34601



ISSUED 07/18/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607180000899

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Bouchard Insurance, Inc. 101 N Starcrest Dr. Clearwater, FL 33765 727 447-6481
INSURED: 5 Star Refrigeration & Air Conditioning Inc 23091 Cortez Blvd Brooksville, FL 34601
CONTACT NAME: Bouchard Insurance, Inc. PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-1267 E-MAIL ADDRESS: certificates@bouchardinsurance.com
INSURER(S) AFFORDING COVERAGE: INSURER A: Westfield Insurance Company NAIC #: 24112 INSURER B: FFVA Mutual Insurance Company NAIC #: 10385

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Leased/Rented.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NOTICE:

Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD. ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations (See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

## Business Tax Receipt

Formerly known as Occupational License

The Hernando County Board of County Commissioners repealed the Occupational (Business Tax Receipt) Ordinance, effective August 1, 2007.

Effective June 01, 2008, businesses are no longer required to renew their City of Brooksville Local Business Tax Receipt (Occupational License).

DON'T NEED!

Businesses and Professionals may be subject to other legal regulations or Zoning Ordinances. Please contact Hernando County Zoning 352-754-4055, Hernando County Utilities Hazardous Waste Div. 352-754-4112 ext.116 and Tangible Personal Property Dept. of the Property Appraisers Office 352-754-4190, before you start business.

Other departments that may concern your business are:

- City of Brooksville Zoning 352-544-5400
- Hernando County Building Department 352-754-4050
- Florida Department of State Division of Corporations - Fictitious Name/Corporations  
[www.sunbiz.org](http://www.sunbiz.org)
- Florida Department of Revenue Sales Tax 800-352-3671
- IRS Income Tax

For additional information please call the Tax Collector at 352-754-4180.

**Email Addresses Public Record Disclaimer** - Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

[Hernando County Government](#) | [CATSSYS Collector-Appraiser Tax Search](#)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

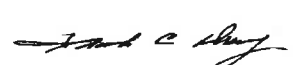
<b>PRODUCER</b> Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046	<b>CONTACT NAME:</b> Sue Wilson
	<b>PHONE (A/C, No, Ext):</b> (407) 886-3301 <b>FAX (A/C, No):</b> (407) 886-9530 <b>E-MAIL ADDRESS:</b> sue@gentryins.com
<b>INSURED</b> Wormley Roofing, Inc. 2473 N. John Young Parkway Orlando FL 32804	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Southern-Owners Ins. Co. <b>NAIC #</b> 10190
	<b>INSURER B:</b> Auto-Owners Ins Co <b>18988</b>
	<b>INSURER C:</b> Bridgefield Employers Ins. Co. <b>10701</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 16-17 GL 17-18 AUTO WC      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			72194990	11/18/2016	11/18/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b>			4891521000	8/12/2017	8/12/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	<input type="checkbox"/> ANY OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							PIP-Basic \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			0830-56163	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Frank Drane/SUEW 

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Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CCC1325558

ISSUED: 07/17/2016

CERTIFIED ROOFING CONTRACTOR  
WORMLEY, ROBERT BRETT  
WORMLEY ROOFING, INC

IS CERTIFIED under the provisions of Ch 489 FS.  
Expiration date : AUG 31, 2018 L1607170001329

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CCC1325558	

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

WORMLEY, ROBERT BRETT  
WORMLEY ROOFING, INC  
2473 N JOHN YOUNG PARKWAY  
ORLANDO FL 32804



ISSUED: 07/17/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607170001329



is local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and  
ful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

5000 BUSINESS OFFICE      2016      EXPIRES      9/30/2017      5000-1123784  
\$30.00 3      EMPLOYEE ; 1806 CERTIFIED ROOFING CO      \$40.00 12      EMPLOYEE ;

TOTAL TAX      \$70.00  
PREVIOUSLY PAID      \$70.00  
TOTAL DUE      \$0.00

WORMLEY ROBERT BRETT

WORMLEY ROOFING INC  
WORMLEY ROBERT BRETT  
2473 N JOHN YOUNG PKWY  
ORLANDO FL 32804

2473 N JOHN YOUNG PKWY  
U - ORLANDO, 32804

PAID: \$70.00 0098-00724814 7/12/2016

**Scott Randolph, Tax Collector      Local Business Tax Receipt      Orange County, Florida**

is local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and  
ful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

5000 BUSINESS OFFICE      2016      EXPIRES      9/30/2017      5000-1123784  
\$30.00 3      EMPLOYEE ; 1806 CERTIFIED ROOFING CO      \$40.00 12      EMPLOYEE ;

TOTAL TAX      \$70.00  
PREVIOUSLY PAID      \$70.00  
TOTAL DUE      \$0.00



WORMLEY ROBERT BRETT

WORMLEY ROOFING INC  
WORMLEY ROBERT BRETT  
2473 N JOHN YOUNG PKWY  
ORLANDO FL 32804

2473 N JOHN YOUNG PKWY  
U - ORLANDO, 32804

PAID: \$70.00 0098-00724814 7/12/2016

This receipt is official when validated by the Tax Collector.