



**APPLICATION FOR BUSINESS TAX RECEIPT**

Reference: Town of Melbourne Beach Code of Ordinances, Chapter 65

Please type or print in BLACK INK. Complete carefully, answering each question and attaching all necessary documentation and additional pages as necessary.

Application is hereby made for a Business Tax Receipt for engaging in the business, profession or occupation as follows: By making application you affirm the following: I agree to conform to all Town ordinances regulating same and not to conduct business until the Building & Fire Department have released my inspections and until the Business Tax Receipt has been issued.

Please note that the fee is non-refundable.

**This receipt is effective until October 1<sup>st</sup> and must be renewed each year**

New:	Update:
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NAME OF BUSINESS:		
ADDRESS:		
BUSINESS PHONE:	FAX#	
NAME OF APPLICANT:		
MAILING ADDRESS:		
DAYTIME PHONE:	OTHER PHONE:	
SOCIAL SECURITY #		
STATE LICENSE, CERTIFICATION OR REGISTRATION (provide copy)		
FICTITIOUS NAME REGISTRATION (provide copy)		
BUILDING OWNER NAME: SOLE PROPRIETOR:		
BUILDING OWNER'S ADDRESS:		
BUILDING OWNER'S PHONE:		
DATE OF BIRTH:		
FLORIDA DRIVERS LICENSE NUMBER:		

If there is co-ownership in property, fill in below. If business license classification is regulated by the State of Florida, attach a copy of your State License or State certificate.

NAME:	
ADDRESS:	
PHONE NUMBER	
DATE OF BIRTH:	
SOCIAL SECURITY #	
FL DRIVER LICENSE #	

Business information needed, if applicable.

APARTMENTS. NUMBER OF UNITS	
BARBER OF BEAUTY SHOP: NUMBER OF CHAIRS	
BROKERAGE FIRM: NUMBER OF BROKERS _____ NUMBER OF AGENTS:	
REAL ESTATE: NUMBER OF AGENTS _____ NUMBER OF SALESMEN	
INSURANCE COMPANY: NUMBER OF AGENTS: _____ NUMBER OF SALESMEN	
GASOLINE STATION: NUMBER OF PUMPS___ AUTO REPAIR___ TOWING___	
RESTAURANT: NUMBER OF CHAIRS/AND OR STOOLS	

I acknowledge that prior to the issuance of a business tax receipt for new applicants or for applicants transferring an existing tax receipt, building and fire prevention inspections will be conducted of the business property-and should deficiencies be found that are in conflict with the Town Code, I understand that I am (or the owner of the building is) responsible for promptly making the required corrections. I understand that should corrections be necessary, I am not permitted to operate this business until those corrections have been completed and approved.

CERTIFICATION: I certify that all of the information contained herein is true and correct to the best of my knowledge. If any portion is found to be false or misrepresented, such fact may be just cause for prosecution under the law. It is further understood that I must at all times comply with the Code of Ordinances of the Town of Melbourne Beach, Florida and failure to correct conditions which are in violation is punishable under the code. I understand that upon issuance of a Town Business Tax Receipt I may also need to pay a Business Tax to Brevard County and to make application to Brevard County for a Business Tax Receipt. Per Florida Statute 205.023 the application of a new owner **must** present a copy of the current fictitious name registration issued by the State of Florida, Division of Corporations of the Department of State or a written statement which sets forth the reason that the applicant or new owner need not comply with the Fictitious name act.



vandalism, etc. It is not used for any other purpose. Your cooperation in filling out this form is appreciated.

NAME OF BUSINESS:	
ADDRESS OF BUSINESS:	
BUSINESS TELEPHONE NUMBER:	
OWNER OF BUSINESS:	
OWNERS HOME ADDRESS:	
OWNERS HOME PHONE:	
PERSON TO CONTACT IN EMERGENCY:	
PHONE NUMBER:	
ALTERNATE EMERGENCY CONTACT:	
PHONE NUMBER:	