



Town of Melbourne Beach
Brevard County's Oldest Beach Community
Established 1883

507 Ocean Avenue
Melbourne Beach, FL 32951-2523

Office of the Town Clerk
(321) 724-5860

Local Business Tax Process - New Business

Businesses seeking to locate within the Town of Melbourne Beach must complete the application for Local Business Tax Receipt (formerly occupational license). **Prospective businesses must complete both the Local Business Tax Receipt Application and the Certificate of Land Development Code Compliance Application.** *Please note that prospective businesses must obtain land use and zoning information through the Building Department prior to placing a business within the Town of Melbourne Beach to guarantee that the business is compatible with the regulations of the Town.* Certain individuals or organizations are exempt from the Local Business Tax. Please review the **Local Business Tax Exemption Application** and **Section 65-5 Tax (fees)** for applicability.

Completed applications must be turned in to the Town of Melbourne Beach along with the following:

- A copy of your Driver's License
- A copy of Corporate or other enabling documents or fictitious name certification from the State of Florida if doing business as other than an individual.
- A copy of your State license certification or regulation, if required by the State.
- General Contractors must have proof of liability insurance and workers compensation or proof of exemption from workers compensation insurance.
- Business Tax payments are due upon approval of Local Business Tax Application, Fire Review and Zoning Review. All checks are made payable to the Town of Melbourne Beach.
- Include a drawing of the proposed floor plan.
- List of any special exceptions or variances granted.
- Copy of the Site Plan with order approved by the Town of Melbourne Beach.

Below is a list of applications to be completed and returned to the Town.

For all Local Business Tax Receipt Applications, complete the following:

Certificate of Land Development Regulations (LDR) Compliance Application
Local Business Tax Receipt Application
Emergency Contact for After Hours

For Home Occupations, also complete:

Home Occupation Addendum to the Local Business Tax Receipt Application

For exempt businesses, also complete:

Local Business Tax Exemption Application



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Certificate of Land Development Regulation Compliance

Fees:

New Business Application Fee - \$50.00

Fire Code Review - \$85.00 (Exempt for those filing a Home Occupational Addendum)

Zoning Review - \$125.00 per hour with a \$31.25 deposit for home businesses and \$62.50 for all other businesses

Process:

1. Building Department approval to ensure conformity with applicable building codes.
2. Zoning approval to ensure conformity with applicable zoning codes.
3. Fire Marshal approval to ensure conformity with applicable fire codes.

***Please be sure to read and complete this form in full. Incomplete submittals will not be accepted.
The form must be signed and notarized.***

Business/Company Name:

Select all that apply:

1. Business/Company Name: _____
2. Current Occupant: _____
3. Business Physical Address: _____
4. Parcel ID Numbers: _____
5. Subdivision: _____ Unit: _____ Block: _____ Lot: _____
6. Existing Use: _____
7. Proposed Use: _____
8. Is there of Construction Proposed ? _____
9. If yes, please explain: _____

10. Number of Existing Striped Parking Spaces: _____
11. Gross Square Footage of Building: _____
12. Unit/Suite Square Footage: _____

Applicant:

1. Name of Applicant or Contact Person: _____
2. Mailing Address: _____
3. Telephone Number: _____



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I/We certify and acknowledge that:

1. I/We must comply with the requirements of the State of Florida Fire Prevention Code.
2. I/We must obtain a Local Business Tax Receipt prior to opening for business.
3. I/We must meet parking standards and any use specific standards for the zoning district.
4. Falsifying information on this Application may result in my Local Business Tax Receipt being revoked.

*Must sign in front of notary.

Signature of Applicant Date Printed Name and Title of Applicant

Signature of Co-applicant Date Printed Name and Title of Co-app

State of Florida County of Brevard. The foregoing application is acknowledged before me by means of [] physical presence or [] online notarization this _____ day of _____, 20____, by _____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of Florida

Office Use Only: Building/Zoning Official(s)

Review Date:	
Tax Parcel Number:	
Town Zoning District:	
Parking Standards:	
Number of Parking Spaces Provided:	



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Notes and/or Restrictions:

_____ Approve _____ Deny _____
Building Official Date

Notes and/or Restrictions:

_____ Approve _____ Deny _____
Planning and Zoning Official Date

Notes and/or Restrictions:

_____ Approve _____ Deny _____
Fire Marshal or Authorized Agent Date



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Local Business Tax Receipt Application

Select type:

☐ NEW

☐ RENEWAL

☐ TRANSFER PROCESS

Process:

1. Contact the building department prior to moving to a location to determine whether the proposed use is consistent with the zoning designation applied to the property and all other applicable regulations.
 - **Please note the Certificate of Land Development Regulation Compliance must be obtained prior to this application being completed. The Certificate of Land Development Regulation Compliance process requires a \$75.00 fire code review fee (exempt for Home Occupational Addendum applications) and \$100.00 per hour zoning review. The minimum fee for the zoning review is \$25.00.**
2. Submit a completed Local Business Tax Receipt Application with all required attachments identified in Section E along with a completed Application for Certificate of Land Development Code (LDC) Compliance.

***Please be sure to read and complete this form in full. Incomplete submittals will not be accepted.
The form must be signed and notarized.***

Proposed Business Information:

Select all that apply:

☐ Name Change

☐ Ownership Change

☐ New

☐ Location Change

☐ Mailing Address Change

☐ Home Occupation (must also submit Home Occupation Addendum to Local Business Tax Receipt Application)

1. Business Name: _____
2. Tax Parcel No.: _____
3. Business Physical Address: _____
4. Business Mailing Address: _____
5. Business Phone: (_____) _____ Fax: (_____) _____
- Email: _____
6. Local Contact Person: _____
7. Local Contact Address: _____
8. Local Contact Phone: Fax: (_____) _____ Email: _____
9. FEI# or SSN: _____
10. FL Sales Tax #: _____



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11. Type of Business: _____

12. List all business activity at location (be specific):

13. Number of Employees: _____

Apartments and Rental Units		Dwellings	
Barber/Beauty Shop		Number of Chairs	
Brokerage Firms		Number of Agents	
Gasoline Stations		Number of Pumps	
Laundries		Number of Machines	
Coin Operated		Each Machine	
Restaurants		Number of Chair/Stool	

Property owner information

1. Name: _____
2. Address: _____
3. Phone: Fax: (_____) _____ Email: _____

Attachments

1. Letter of Authorization from the Property Owner or copy of signed lease.
2. Copy of applicant's Driver's License.
3. Copy of Fictitious Name Certification or other business articles from State of Florida Division of Corporations.
4. Copy of all applicable state licenses, certificates or registrations.
5. General Contractors must provide current Liability Insurance and Workers Compensation or Exemption from Workers Compensation.
6. Completed LDR Compliance Application.
7. Completed After Hours Emergency Contacts Form.
8. Check Payable to the Town of Melbourne Beach for Certificate of LDR Compliance review (contact Town Staff for amount).



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All attachments are required for a complete submittal. If the submittal is determined to be incomplete, the registration form and fee will be returned to the applicant.

***This must be signed in the presence of a notary.**

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge. I/We understand that if any portion is false or misrepresented, it may be cause for immediate revocation of the receipt.

Signature of Applicant

Printed Name and Title of Applicant

Signature of Co-applicant

Printed Name and Title of Co-applicant

State of Florida County of Brevard. The foregoing application is acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by _____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of Florida

Office Use Only:

Review Date:	
State License/Certifications Verification:	
Certificate of Land Development Reg. Comp:	
Liability Insurance Verification: (General Contractor only)	
Workers Compensation Verification: (General Contractor only)	
Corporate Filing/Fictitious Name Verification:	
License Number:	
Expiration Date:	



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Notes and/or Restrictions:

_____ Approve _____ Deny: _____
Town Manager Date

Notes and/or Restrictions:

_____ Approve _____ Deny: _____
Town Clerk Date



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Emergency Contacts for After Hours

This information will be provided to Melbourne Beach Police Department in case of a burglary, fire, etc. **If key holders change please update us accordingly.**

Business/Company Name:	
Business or Company Phone:	
Business or Company Fax #:	
Website:	
Contact Person #1:	
Relationship to Business/Title:	
Home Phone:	
Cell Phone:	
Contact Person #2:	
Relationship to Business/Title:	
Home Phone:	
Cell Phone:	
Contact Person #3:	
Relationship to Business/Title:	
Home Phone:	
Cell Phone:	



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Home Occupational Addendum

If your business will be operated from your home, submit this as an addendum to the Local Business Tax Receipt Application. Incomplete submittals will not be accepted. Please be sure to read this addendum in full. The addendum must be signed and notarized on the last page.

A. APPLICANT INFORMATION

1. Home Occupation Business Name: _____
2. Name of Applicant(s) or Contact Person(s): _____
3. Title: _____
4. Company: _____
5. Home location address: _____
6. City: _____ State: _____ ZIP: _____
7. Mailing address: _____
8. City: _____ State: _____ ZIP: _____
9. Telephone: (____) _____ FAX: (____) _____

B. HOME OCCUPATION INFORMATION

1. Please explain in detail the exact nature of the home occupation, including the tasks that will be performed in the home and away from the home:

2. Size/Area:

- i. Total Floor Area of Dwelling Unit where Home Occupation is located: _____sf
- ii. Total Floor Area of room(s) to be used to conduct Home Occupation: _____sf

3. Employees & Residency

- i. Does the principal person providing the business reside in the dwelling located at home occupation location? _____ Yes _____ No

4. Neighborhood Compatibility

- i. Will there be any change in external appearance to the existing dwelling and/or structures located on-site? _____ Yes _____ No

If Yes, please describe:



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- ii. Number of vehicles used in association with home occupation: _____
- iii. Number of off-street parking spaces: _____

Acknowledge and Initial each of the following requirements:

- a. _____ I acknowledge that all vehicles used in connection the home occupation are of a size, and shall be located on the premises in such a manner, so as to not disrupt the quiet nature of the neighborhood.
- b. _____ I acknowledge that no additional parking areas are permitted in the front yard, other than driveways which are located in the required front setback.
- c. _____ I acknowledge that no advertising devices are permitted on the property, or other signs which are visible from outside the dwelling or accessory building.
- d. _____ I acknowledge that no outdoor displays of merchandise are associated with the home occupation
- e. _____ I acknowledge that no large-scale material or other form of delivery beyond those typically associated with a single-family residence shall occur.
- f. _____ I acknowledge that no wholesale or retail sales of goods will occur on the premises.
- g. _____ I acknowledge that the home occupation will not create traffic or parking congestion, noise, vibration, odor, glare, fumes, or electrical communications interference which can be detected by the normal senses off the premises, including visual or audible interference with radio or television reception.

Please note that the Town may require additional information to ensure compliance with the items listed above. A determination of compliance shall be at the Town's sole discretion.



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I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge. I/We understand that if any portion is false or misrepresented, it may be cause for immediate revocation of the home occupation and Local Business Tax Receipt.

Signature of Applicant Date Printed Name and Title of Applicant

Signature of Co-applicant Date Printed Name and Title of Co-applicant

State of Florida County of Brevard. The foregoing application is acknowledged before me by means of [] physical presence or [] online notarization this _____ day of _____, 20____, by _____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of Florida

Notes and/or Restrictions:

_____ Approve _____ Deny _____
Town Clerk Date



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Local Business Tax Exemption Form

Please be sure to read and complete this exemption form in full. Incomplete submittals will not be accepted. The exemption form must be signed and notarized.

1. Applicant Name: _____
2. Telephone: (____) _____ FAX: (____) _____ :
3. Business/ Institution Name: _____
4. Physical Address: _____
City: _____ State: _____ ZIP: _____

I, _____, DO HEREBY CERTIFY THAT I OR THE BUSINESS FOR WHICH I AM APPLYING MEETS THE FLORIDA STATE STATUTE REQUIREMENTS FOR LOCAL BUSINESS TAX EXEMPTION AS INDICATED BY CHECKING THE SPECIFIC EXEMPTION BELOW. I ACKNOWLEDGE THAT ANY FRAUDULENT CLAIM(S) MAY RESULT IN REMEDIAL ACTION, UP TO AND INCLUDING PROSECUTION.

INDIVIDUAL EXEMPTIONS:

_____ I am a physically disabled person incapable of manual labor AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000.00) AND I do not sell intoxicating liquors or malt and vinous beverages (Chapter 205.162, F.S.) AND I am a resident of the State of Florida.

Physician Certificate of Disability from performing manual labor AND proof of residency in the State of Florida are required.

_____ I am a widow with minor dependent children AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000.000) AND I do not sell intoxicating liquors or malt and vinous beverages (Chapter 205.162, F.S.) AND I am a resident of the State of Florida.

_____ I am sixty-five (65) years of age or older AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000.000) AND I do not sell intoxicating liquors or malt and vinous beverages (Chapter 205.162, F.S.) AND I am a resident of the State of Florida.

Florida Driver's License OR other proof of age AND proof of residency in the State of Florida required.

_____ I am an honorably discharged wartime veteran AND I am disabled from performing manual labor AND I am a permanent resident elector of the State of Florida, AND I carry on my own business or occupation mainly by my personal efforts as my means of livelihood AND I do not sell intoxicating liquors or malt and vinous beverages. Such persons are entitled to an exemption to the extent of fifty dollars (\$50.00) on any local business tax to engage in any business, profession, or occupation which may be carried on mainly through the personal efforts of the receipt holder as a means of livelihood. *A copy of Honorable Discharge Certificate AND*



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Government-produced Certificate of Disability OR Physician Certificate of Disability AND proof of residency in the State of Florida required.

_____ I am the un-remarried spouse of a deceased, honorably discharged wartime veteran who was disabled from performing manual labor AND I am a permanent resident of the State of Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood AND I do not sell intoxicating liquors or malt and vinous beverages. Such persons are entitled to an exemption to the extent of fifty dollars (\$50.00) on any local business tax to engage in a business, profession, or occupation.

A copy of spouse's Honorable Discharge Certificate AND Government-produced Certificate of Disability OR Physician Certificate of Disability from performing manual labor AND Marriage Certificate AND Death Certificate of spouse are required.

_____ I am a college or high school student selling pennants, badges, insignia, and novelties of my school.

A letter authorizing student participation from the athletic association or other proper school authority is required.

ORGANIZATION EXEMPTIONS:

Charitable Institution: Nonprofit corporations operating physical facilities in this state (town) at which are provided charitable services, a reasonable percentage of which are without cost to those unable to pay (Chapter 205.022, F.S., Chapter 205.192, F.S.). *Documentation establishing status as a nonprofit corporation required.*

Educational Institution: State tax-supported or parochial, church and nonprofit private schools, colleges, or universities conducting regular classes and courses of study required for accreditation by or membership in the Southern Association of Colleges and Schools, the Department of Education, or the Florida Council of Independent Schools. Nonprofit libraries, art galleries, and museums open to the public are defined as educational institutions and eligible for exemption (Chapter 205.022, F.S.). *Documentation establishing status as a nonprofit corporation required.*

Religious Institution: Churches and ecclesiastical or denominational organizations or established physical places for worship in this state at which nonprofit religious services and activities are regularly conducted and carried on, and also means church cemeteries (Chapter 205.022, F.S., Chapter 205.171, F.S.). *Documentation establishing status as a nonprofit corporation required.*



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Signature of Applicant Date Printed Name and Title of Applicant

Signature of Co-applicant Date Printed Name and Title of Co-applicant

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Signature of Notary Public, State of Florida