



BUSINESS TAX RECEIPT APPLICATION

BTR: _____

NOTICE: Operation of a business within the City of Melbourne requires compliance with zoning regulations and other ordinances and laws. A Business Tax Receipt represents the payment of a tax. It does not grant a vested right or other right to operate any use at the business location listed that is inconsistent with City zoning regulations or other ordinances or laws. The zoning and building and fire safety requirements for the reported or actual use has not necessarily been verified by the City prior to the issuance of the Business Tax Receipt.

SUBMIT COMPLETED FORM TO: City of Melbourne, Revenue Office, 900 E. Strawbridge Avenue, Melbourne, FL 32901 (321) 608-7038

Today's Date: _____ Requested Date to Open: _____
 Check Applicable Request: _____ New Business _____ Add/Change Classification
 Transfer of: _____ Address _____ Owner Transferred From: _____

1. Name of Business (DBA) / Individual / Firm / Office / Clinic:

Type of ownership: _____ Corporation _____ LLC _____ Partnership _____ Sole Proprietor
 Bus. Phone: _____
 FEIN _____ Fictitious Name Reg # _____
 2. Address of Business: _____ (Unit-Apt-PMB): _____
 3. Mailing Address: _____ (Unit-Apt-PMB): _____
 CITY: _____ STATE: _____ ZIP: _____
 4. Explain Nature / Operation of Business:

 5. Number of Partners, Officers, Full and Part-time Employees, including yourself: _____
 6. State License #, if applicable: _____ (ATTACH COPY)
 7. Contact person to schedule Fire/Safety Inspection:
 Name: _____ Phone: _____
 Email: _____

CHECK ALL THAT APPLY:

Home Based Business
 Storage Unit/Private Mailbox
 Restaurant/Bar/Theatres
 _____ Number of Seats
 Barbershop/Beauty Salon
 _____ Number of Stations
 Apartments
 _____ Number of Units
 Gas Station
 _____ Number of Nozzles
 Hospital/Nursing Home
 _____ Number of Beds
 Hotel/Motel
 _____ Number of Rooms
 Trailer Park/Parking Lot
 _____ Number of Spaces
 Vending/Gaming Machines
 Number of machines:
 _____ 0.25 or less
 _____ 0.26 or more
 ATM Machines
 _____ Number of machines
 Retail/Wholesale
 \$ _____ Annual Inventory Value

As the Applicant, I certify that: **(please initial each line item)**

_____ I am the business owner or I am authorized to act on behalf of the business owner.
 _____ I understand that issuance of a Business Tax Receipt does not grant a vested right or other right to operate a use at the business location that is inconsistent with City zoning regulations or other ordinances or laws.
 _____ I understand that if the operation of the business on the subject property violates the City's zoning regulations or other ordinances, the business owner and the subject property may be cited for violation of City Code, subject to a fine of up to \$500.00 per day for each day of violation.
 _____ The information on this application is true and correct to the best of my knowledge and belief and I understand that the City's evaluation of this Business Tax Application is based, in part, on the information contained herein.

Signature: _____ **Date:** _____
Print Name: _____ **Title:** _____

FOR ADMINISTRATIVE USE ONLY: Inspection required prior to issuance _____ yes _____ no

<p>FINANCIAL SERVICES/REVENUE: Application Fee: \$ _____ CATEGORY NUMBER(S) FEE _____ _____ _____ _____ _____ TOTAL TAX \$ _____ Date: _____ By: _____</p>	<p>PLANNING/ZONING: (321) 608-7500 (Date Sent: _____) Zoning: _____ Future Land Use: _____ Primary Use: _____ Use Permitted: _____ Use Prohibited: _____ Restrictions: _____ _____ _____ Date: _____ By: _____</p>	<p>BUILDING/FIRE: (321) 608-7900 (Date Sent: _____) Inspection Required: _____ Yes _____ No Meets FPC: _____ Yes _____ No Restrictions: _____ _____ _____ _____ Date: _____ By: _____</p>
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A RECEIPT MAY NOT BE ISSUED UNLESS THE FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR SOCIAL SECURITY NUMBER (SSN) IS OBTAINED FROM THE PERSON TO BE TAXED. (Ch. 205.0535 (5) F.S.) *The City of Melbourne collects your Social Security number as mandated by Florida Statutes, Chapter 205.0535 (5) for the following purposes: Non-incorporated businesses applying for a Business Tax Receipt.*

OWNERSHIP INFORMATION

SOLE PROPRIETORS ONLY:

OWNER

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FEIN# OR SS # _____

CORPORATIONS/LIMITED LIABILITY COMPANIES:

CORPORATE NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FEIN# OR SS # _____

PARTNERS, CORPORATE OFFICERS, AND MANAGING MEMBERS:

NAME _____ TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FEIN# OR SS # _____

NAME _____ TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FEIN# OR SS # _____

NAME _____ TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FEIN# OR SS # _____

NAME _____ TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FEIN# OR SS # _____

NAME _____ TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FEIN# OR SS # _____

Social security numbers may also be used as a unique numeric identifier and for search purposes.
This form was prepared in compliance with Section 119.071(5) Florida Statutes (2007).