

**CITY OF ROCKLEDGE  
APPLICATION FOR BUSINESS TAX RECEIPT**

LICENSING CLERK USE ONLY

NAIC NUMBER: \_\_\_\_\_ BUSINESS CODE: \_\_\_\_\_ BUSINESS TAX RECEIPT NO: \_\_\_\_\_

YEARLY LICENSE FEE \$ \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

Home Business Filing Fee: \$ \_\_\_\_\_

DATE CALLED: \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

TYPE OF APPLICATION:  NEW APPLICATION  TRANSFER OWNERSHIP  INFORMATION CHANGE  CHANGE OF LOCATION

(PLEASE PRINT)

STREET ADDRESS OF PROPOSED BUSINESS: \_\_\_\_\_ SUITE/BAY NO.: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

CORPORATION \_\_\_ LLC \_\_\_ SOLE PROPRIETOR \_\_\_ PARTNERSHIP \_\_\_ OTHER \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS OF BUSINESS (if different): \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL: ADDRESS: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MISCELLANEOUS INFORMATION

FLORIDA DEPARTMENT OF REVENUE STATE SALES TAX NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR EMPLOYERS IDENTIFICATION NUMBER: \_\_\_\_\_

MERCHANT INVENTORY VALUE (Nearest Thousand): \$ \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_

**Is the Building serviced by SEPTIC TANK \_\_\_\_\_ or SEWER \_\_\_\_\_**

STATEMENT OR PERMISSION FROM PROPERTY OWNER VERIFYING THE INTENDED USE OF THIS LOCATION IS FOR THE BUSINESS AS PURPOSED ABOVE, AND THAT THE APPLICANT IS AUTHORIZED TO UTILIZE THIS LOCATION.

Witness \_\_\_\_\_ Leaser (Property Owner) \_\_\_\_\_

IF YOU ARE A DISABLED PERSON, WIDOW WITH MINOR DEPENDANTS, OVER 65 YEARS OLD OR A DISABLED VETERAN OF ANY WAR OR THEIR UNREMARIED SPOUSE, YOU MAY BE ELIGIBLE FOR A DISCOUNT PER CITY ORDINANCES. (F.S. 205.162 AND 205.171)

IS THIS A HOME BASED BUSINESS:  YES  NO

IF YES, WHAT IS THE TOTAL LIVING AREA OF THE HOME: \_\_\_\_\_ SQUARE FEET

TOTAL AREA TO BE USED FOR BUSINESS: \_\_\_\_\_ SQUARE FEET.

HAZARDOUS MATERIALS: If your business uses or stores hazardous materials, please list these items below. (Example: Gasoline, 10 gallons, flammable liquid, etc.)

---

---

---

---

I HEREBY CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY PORTION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACTS MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY LICENSE ISSUED TO ME. IT IS FURTHER UNDERSTOOD THAT I MUST COMPLY WITH THE CODE OF THE CITY OF ROCKLEDGE, AND FAILURE TO CORRECT CONDITIONS WHICH ARE IN VIOLATION IS PUNISHABLE UNDER THE CODE, OR SUFFICIENT CAUSE FOR REVOCATION OF MY BUSINESS TAX RECEIPT.

I ACKNOWLEDGE THAT THE ISSUANCE OF THIS BUSINESS TAX RECEIPT IS CONTINGENT UPON COMPLYING WITH THE BUILDING AND FIRE PREVENTION REQUIREMENTS OF THE CITY AND THE APPROVAL OF THE APPLICATION BY BOTH DEPARTMENTS. INSPECTIONS WILL BE PERFORMED AND SHOULD DEFICIENCIES BE FOUND RELATING TO CITY CODES, I UNDERSTAND THAT THE CITY WILL NOT ISSUED SAID BUSINESS TAX RECEIPT UNTIL (OR THE OWNER OF THE BUILDING, IF LEASED) REMEDY THE NOTED DEFICIENCIES. SHOULD CORRECTIONS BE REQUIRED, I MAY NOT OPERATE THIS BUSINESS UNTIL SUCH TIME AS THE NOTED DEFICIENCIES ARE CORRECTED TO THE SATISFACTION OF THE FIRE MARSHAL OR BUILDING OFFICIAL.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

---

BUILDING AND ZONING DEPARTMENT USE ONLY

CHECK CHOICE:  APPROVED  APPROVED WITH COMMENTS  DISAPPROVED

ZONING DISTRICT: \_\_\_\_\_.

BUILDING OFFICIAL \_\_\_\_\_

DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---