

PLANNING DIVISION

1600 Huntington Lane, Rockledge, FL 32955
Phone: 321-221-7540 | Fax: 321-204-6354



BUSINESS TAX RECEIPT APPLICATION

--OFFICE USE ONLY--				
Business License # _____				
Business Tax Receipt # _____				
<input type="checkbox"/> New Owner	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> New Business	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change of Address

GENERAL INFORMATION

Business Name: _____

(As filed with the State of Florida)

Business Address: _____

(Include City, State, Zip)

Mailing Address: _____

Check if same as physical address.

Business Phone: _____ Business Fax: _____

Business Website: _____

Federal Tax ID# (FEIN): _____ State Tax ID#: _____ 6-Digit NAICS Code: _____

BUSINESS OWNER/CORPORATE OFFICERS/PARTNERS

Name and Title: _____

Address: _____

(Include City, State, Zip)

Phone: _____ Email: _____

Name and Title: _____

Address: _____

(Include City, State, Zip)

Phone: _____ Email: _____

Do you qualify for exemptions under Florida Statute 205.162? YES NO

OWNER OF BUILDING
(If different from business owner)

Name: _____

Property Manager (If applicable): _____

Address: _____

(Include City, State, Zip)

Phone: _____

EMERGENCY CONTACTS

List individual(s) who are able to arrive at the business location within 15 minutes of notification of fire or other emergency. These individuals should have access to doors, locks and alarms.

Name: _____

Address: _____

Phone/Cell: _____

Is there a security system? Yes No If yes, describe: _____

Does the business have an emergency generator? Yes No

Which system does the property use? Sewer Septic

In the event of a hurricane or other natural disaster, which may leave businesses without power for prolonged periods of time, the City is requesting businesses to indicate if they are equipped with an emergency generator. Inclusion of your business on the emergency generator list is for informational purposes only and does not guarantee to the public your business will be open during such an event.

DETAILED EXPLANATION OF BUSINESS OPERATION

Please explain in detail the nature of your business, including the location(s), normal business schedule (days/hours), list of any chemicals used and/or stored at the business site, etc. You may attach or include literature, brochures, or any promotional materials you have prepared for your business.

BUSINESS DEVELOPMENT

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Date business is planning to open/transfer/relocate to this location: _____

Please select if your business is one or more of the following ventures:

- Woman-Owned
- Minority-Owned
- Disadvantaged Business Enterprise
- Veteran-Owned

NOTICE TO PROPERTY OWNER/TENANT:

Any alteration to the building will require a building permit and inspections for compliance with adopted City Building Codes. This includes wall partitions and wall coverings as well as electrical, plumbing and/or mechanical work. In addition, a building permit will be required for any ground or wall mounted sign erected or altered at this location.

Please submit the following items in order to complete the application:

- o **Fictitious Name registration and/or Articles of Incorporation** (see www.SunBiz.org)
- o **Copy of State registration or license.** If your profession or service is regulated by the State of Florida you will need to provide a copy of said registration or license.
- o **Property Owner Authorization.** If the applicant is not the property owner, then the property owner (or legal representative) must provide authorization for the business to operate on their property by signing below or you may provide a copy of your lease.
- o **Home Occupation Application.** If the business is to be located at your place of residence, a Home Occupation Application must be submitted along with the Business Tax Receipt Application.

PROPERTY OWNER AUTHORIZATION

I am the fee simple owner (or legal representative) of the property at _____ and I hereby give authorization to this applicant to operate the above referenced business on my property described above.

(PRINT OWNER NAME)

(OWNER SIGNATURE)

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization,
 Personally Known OR Produced Identification (Type of ID produced : _____)

(Signature – Notary Public at Large)

(Print, Type, or Stamp Commissioned Name of Notary Public)

APPLICANT SIGNATURE

I certify that all of 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 fact may be just for the immediate revocation of any Business Tax Receipt issued to me. It is further understood that I must comply with all codes in the City of Rockledge.

(PRINT APPLICANT NAME)

(APPLICANT SIGNATURE)

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization,
 Personally Known OR Produced Identification (Type of ID produced : _____)

(Signature – Notary Public at Large)

(Print, Type, or Stamp Commissioned Name of Notary Public)

FOR OFFICE USE ONLY

Proposed business is located in Zoning District: _____

Property is located in the following Special Zone:

Barton CRA Sub-district _____

US1 CRA Sub-district _____

Florida Ave CRA Sub-district _____

Barnes CRA Sub-district _____

Approved / Denied	Building Division	By:	Date:
Approved / Denied	Fire Inspection <i>(Does not apply to Home Business)</i>	By:	Date:
Approved / Denied	Planning & Zoning Division	By:	Date:

Special restrictions:

If application has been denied or is pending, see reason: _____

Code:	Fee:	Date:	License #:
-------	------	-------	------------