

## Application Information & Instructions

**Before a Business Tax Receipt can be issued, the person, company, or corporation seeking the receipt must meet all of the following requirements.**

1. The [application](#) must be completed IN FULL.
2. The Ownership Information on Page 2 must include full and complete personal information, including home address and home telephone number, on all corporate officers (corporations) and partners (partnership). Ch. 205.0535(5), Florida Statutes states that "No receipt shall be issued unless the federal employer identification number or social security number is obtained from the person to be licensed."
3. If your business or profession requires a State of Florida license, a copy of that license must be attached to the application.
4. If you are a Contractor, prior to obtaining a Business Tax Receipt, you must present a certificate showing that you are insured for general tort liability in the amount of not less than \$300,000 combined single limit per occurrence and \$500,000 annual aggregate.
5. Proof of your Fictitious Name Registration or Reason for Exemption must be provided on the application. (Per Ch. 205.023, F.S.)
6. Additional forms and attachments may be required depending on the type of business. Please refer to the [Classification / Certificate Requirements for Professionals](#) to determine which application requirements apply to your business type.
7. All additional required forms must be completed and submitted with the application in the following instances:
  - a. For businesses operating in the construction industry, but the owner is not a contractor, a Construction Service Affidavit Form must be submitted with your application.
  - b. If you are applying for a home-based Business Tax Receipt, a [Home Business Tax Receipt Stipulation](#) (signed by the property owner) must be submitted with your application.
  - c. If you are planning to operate from a Mini-Storage facility or a Private Mail Box facility, you will need to submit the Mini Storage Unit Rental / Shared Business Stipulation Form. For facility locations, [Click Here](#).

You may request these forms from the business tax office at (321) 608-7038, or download the necessary forms from our website.

**ZONING:** If you have any questions regarding the zoning regulations for your business location, contact the Community Development Department at [Community.Development@mlbfl.org](mailto:Community.Development@mlbfl.org) or call (321) 608-7500.

**CODE COMPLIANCE:** It is your responsibility to provide a contact name and telephone number because your presence is required during all inspections. The inspectors will advise you of any Code violation that must be corrected. If you have any questions pertaining to the requirements, contact the Code Compliance Division at [codecompliance@melbourneflorida.org](mailto:codecompliance@melbourneflorida.org) or (321) 608-7905.

Completed applications should be submitted to the business tax office along with a NON-REFUNDABLE APPLICATION FEE of \$25.00, if required. Please make checks payable to the City of Melbourne. NOTE: Most Business Tax Receipts are issued same day of application. However, some businesses require a review process which will be complete within 5-10 business days. In the event the Business Tax Receipt is issued, the application fee will be applied to the first annual Business Tax Receipt.



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).