



Financial Services – Revenue Office  
900 E. Strawbridge Avenue, Melbourne, FL 32901 | (321) 608-7038 | Business.Tax.Receipts@mlbfl.org

**MINI STORAGE UNIT RENTAL/SHARED BUSINESS STIPULATION**  
**City Code, Appendix B, Article II (110)**

I, \_\_\_\_\_, fully understand that the issuance of a business tax receipt at this property located  
(please print full legal name)  
at \_\_\_\_\_ in the City of Melbourne, Florida, for the purpose of  
(please print property address)  
conducting a business, is subject to the following stipulations, covenants, and conditions:

**I understand that this facility shall not be used for wholesale or retail operation, but may be used for the storage of equipment and inventory to be used in the business. I further agree that any violation of this agreement or of any of the City of Melbourne Code of Ordinances is grounds for revocation of the business tax receipt issued for the business at the above address.**

Name of business \_\_\_\_\_

Type of business to be conducted \_\_\_\_\_

Necessary products or equipment \_\_\_\_\_

**APPLICANT: I declare that I have read and understand all restrictions and conditions contained herein.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**STATE OF FLORIDA  
COUNTY OF BREVARD**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_ who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission expires: \_\_\_\_\_

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**FOR THE PROPERTY OWNER AND/OR MINI STORAGE UNIT/MANAGER: I understand that the above person (applicant) is seeking a business tax receipt for the purpose of conducting the above stated business and hereby consent to the same. I agree to permit City Inspectors to make reasonable and periodic inspections of the property described above.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature