

BUSINESS TAX RECEIPT APPLICATION

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. For more information, please refer to the [Classification/Certificate Requirements for Professionals](#).
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 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 code.compliance@mlbfl.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.



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:	
<input type="checkbox"/>	Home Based Business
<input type="checkbox"/>	Storage Unit/Private Mailbox
<input type="checkbox"/>	Restaurant/Bar/Theatres _____ Number of Seats
<input type="checkbox"/>	Barbershop/Beauty Salon _____ Number of Stations
<input type="checkbox"/>	Apartments _____ Number of Units
<input type="checkbox"/>	Gas Station _____ Number of Nozzles
<input type="checkbox"/>	Hospital/Nursing Home _____ Number of Beds
<input type="checkbox"/>	Hotel/Motel _____ Number of Rooms
<input type="checkbox"/>	Trailer Park/Parking Lot _____ Number of Spaces
<input type="checkbox"/>	Vending/Gaming Machines Number of machines: _____ 0.25 or less _____ 0.26 or more
<input type="checkbox"/>	ATM Machines _____ Number of machines
<input type="checkbox"/>	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

FINANCIAL SERVICES/REVENUE: Application Fee: \$ _____ <table border="1"> <thead> <tr> <th>CATEGORY NUMBER(S)</th> <th>FEE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>TOTAL TAX \$</td> <td>_____</td> </tr> </tbody> </table> Date: _____ By: _____	CATEGORY NUMBER(S)	FEE																					TOTAL TAX \$	_____	PLANNING/ZONING: (321) 608-7500 (Date Sent: _____) Zoning: _____ Future Land Use: _____ Primary Use: _____ Use Permitted: _____ Use Prohibited: _____ Restrictions: _____ _____ _____ Date: _____ By: _____	BUILDING/FIRE: (321) 608-7900 (Date Sent: _____) Inspection Required: _____ Yes _____ No Meets FPC: _____ Yes _____ No Restrictions: _____ _____ _____ _____ Date: _____ By: _____
CATEGORY NUMBER(S)	FEE																									
TOTAL TAX \$	_____																									

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 # _____

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

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TELEPHONE _____ FEIN# OR SS # _____

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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).