City of Melbourne

Bios Tax Receipt Application

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

<table>
<thead>
<tr>
<th>Today’s Date:</th>
<th>Requested Date to Open:</th>
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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:

   (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 any 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

   Building/Fire:

   (321) 608-7900 (Date Sent:__)

   Inspection Required: Yes No

   Meets FPC: Yes No

   Restrictions:

   Date: By:

   Financial Services/Revenue:

   Application Fee: $ 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 #______________________________________________

NAME___________________________________________________________________ TITLE  ______________________________________

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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).