

City of Melbourne



The Harbor City

Financial Services – Revenue Office
900 E. Strawbridge Avenue • Melbourne, FL 32901 • (321) 608-7038 • Fax (321) 608-7199

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: _____

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