



Today's Date: _____

Date to open: _____

Application for Business Tax Receipt fee: \$20.00 (non-refundable)

Receipt fees based on classification.

Please Complete Application IN FULL.

Filing this application for a City business tax receipt **DOES NOT** allow the applicant to operate or engage in any type of business until the issuance of a tax receipt to the applicant. Any person, firm or corporation who shall engage in any occupation, business or profession without obtaining a Business Tax Receipts shall be punished as provided by law.

Check one:	New Business Tax Receipt	Transfer Owner	Relocation within West Melbourne	Rental Property
Check one:	Restaurant /Tavern	Home Based Business (no public traffic permitted to residence)	Storage Unit /Private Mailbox	Retail /Wholesale
Fill in:	COMMERCIAL Location / Square Ft of unit: _____	Apartment Complex Number of Units: _____	Hotel/Motel Number of Rooms: _____	Vending /Amusement Number of Machines: _____

If your business of profession requires a State of Florida license, please provide a copy of all appropriate licenses or certificates, regulated by the State or the County.

Please include proof of your Fictitious Name Registration.

Business or Home Physical Address: _____ Unit/Suite#: _____

Name of Business (dba): _____

Name of Property Owner: _____

Mailing Address: _____ unit/Suite#: _____

Contact Person: _____ Phone: _____

Business Phone: _____ Emergency Phone: _____

Business Email Address: _____

Business web Address: _____

Name of Business Owner: _____

Number of Employee: _____

Federal Tax ID: _____

Ownership Type (Sole Proprietor, S Corp, Corp, LLC etc.): _____

Description of Business or Service to be provided (or attached letter to describe business activity): _____

I acknowledge that the issuance of this business tax receipt is contingent upon complying with the building and fire prevention requirements of the city. Inspections will be performed, and should deficiencies be found that are in conflict with the city code, I understand that the city will not issue the business tax receipt until I (or the owner of the building, if leased) make the required corrections. I understand that should correction be necessary, I am not permitted to operate this business until those corrections have been completed and approved.

Certification: I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any license issued to me. It is further understood that I must comply with the Code of Ordinances of the City of West Melbourne, Florida and failure to correct conditions that are in violation is punishable under the code.

I understand that upon issuance of the city business tax receipt, I may also need to make an application to Brevard County for a business tax receipt. I understand that if I engage in a business under a fictitious name, I must comply with the "FICTITIOUS NAME STATUTE", Section 865.09, and Florida State Statutes.

Signature of owner of business (or qualified corporate officer)

Date

Annual Fire Safety Inspection Fees: fees are established based on the square footage of the building and the table below and include one compliance re-inspection. Additional compliance inspections shall be charged as per section F of Resolution 2012-28.

Annual Fire Safety Inspection Fees	
Commercial Properties Only	
0 – 2000	\$25.00
2001 – 10,000	\$35.00
10,001 – 50,000	\$50.00
50,001 – 100,000	\$90.00
100,001 – 250,000	\$140.00
250,001 – 500,000	\$215.00
500,001 – 1,000,000	\$310.00
1,000,001 and up	\$410.00

Mailing Address: 2240 Minton Road West Melbourne, FL 32904 (321) 327-6614