



# CITY OF TITUSVILLE - LOCAL BUSINESS TAX RECEIPT APPLICATION

555 S. Washington Avenue Titusville, FL 32796

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## BUSINESS DATA

**CIRCLE ONE:** NEW BUSINESS    NAME CHANGE    ADDRESS CHANGE    TRANSFER OF OWNERSHIP

NAME OF BUSINESS: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 WEBSITE: \_\_\_\_\_  
 FEIN NUMBER: \_\_\_\_\_ FL SALES TAX NUMBER: \_\_\_\_\_  
 TYPE OF BUSINESS REQUESTED: \_\_\_\_\_

## OWNER DATA

**CIRCLE ONE:** SOLE PROPRIETOR    CORPORATION    PARTNERSHIP    LLC

CORPORATION/LLC NAME (IF APPLICABLE): \_\_\_\_\_  
 OWNER NAME: \_\_\_\_\_  
 OWNER ADDRESS: \_\_\_\_\_  
 OWNER PHONE NUMBER: \_\_\_\_\_

## RENEWAL MAILING ADDRESS

CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## CONTACT INFORMATION FOR FIRE INSPECTION

(Not applicable to Home Based Businesses)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## MISCELLANEOUS INFORMATION

(Not applicable to Home Based Businesses)

**ALL BUSINESSES:** NUMBER OF PARKING SPACES: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_  
NUMBER OF EMPLOYEES: \_\_\_\_\_

**HOTEL/MOTEL/APARTMENT:** NUMBER OF ROOMS/UNITS: \_\_\_\_\_

**MOBILE VENDOR:** DAYS & HOURS OF OPERATION\*: \_\_\_\_\_

\*CANNOT EXCEED 5 DAYS PER WEEK, HOURS SHALL BE FROM SUNUP TO SUNDOWN **ONLY**

**RESTAURANT:** NUMBER OF SEATS: \_\_\_\_\_

**SALON:** NUMBER OF CHAIRS: \_\_\_\_\_

- \$15 APPLICATION FEE
- COPY OF FICTITIOUS NAME REGISTRATION, ARTICLES OF INCORPORATION OR LLC
- COPY OF LEASE (SIGNED), \*PROOF OF OWNERSHIP OR \* AUTHORIZATION FORM (\*MUST PROVIDE ONE)
- COPY OF STATE LICENSE OR BREVARD COUNTY COMP CARD
- COPY OF BILL OF SALE (IF TRANSFERRING OWNERSHIP)
- SIGNED HOME OCCUPATION AFFIDAVIT (IF WORKING FROM A RESIDENTIAL LOCATION)

\_\_\_\_\_  
**SIGNATURE – OWNER/AGENT**

**A 25% PENALTY FEE WILL BE ADDED IF BUSINESS STARTS PRIOR TO OBTAINING A BUSINESS TAX RECEIPT.**

ENTERED INTO CS ON: \_\_\_\_\_ BY: \_\_\_\_\_

NOTIFIED BTR READY FOR PICK UP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

<b>BTR #</b>	_____
APPLICATION FEE	\$ _____
FIRE INSP. FEE	\$ _____
PENALTY FEE	\$ _____
PRORATED	\$ _____
TRANSFERR FEE	\$ _____
TAX AMOUNT	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>