



CITY OF TITUSVILLE - LOCAL BUSINESS TAX RECEIPT APPLICATION

555 S Washington Ave. Phone: (321) 383-5792
Titusville FL 32796 Fax: (321) 383-5700

BUSINESS DATA

Check One: New Business Name Change Address Change Transfer of Ownership

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ EMERGENCY PHONE: _____

FEIN NUMBER: _____ FL SALES TAX: _____

TYPE OF BUSINESS **REQUESTED:** _____

OWNER DATA

Check One: Sole Proprietor Corporation Partnership LLC

CORPORATION NAME (IF APPLICABLE): _____

OWNER NAME: _____

OWNER ADDRESS: _____

CITY/STATE/ZIP: _____

RENEWAL MAILING ADDRESS

CONTACT NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

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: _____
- Restaurant
Number of Seats: _____
- 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.

- A \$15 Application Fee is Required at Time of Application Submittal**
- Copy of Fictitious Name Registration
- Copy of Articles of Incorporation
- Copy of Lease Agreement
- 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)
- Proof of Ownership or Owner Authorization Form

SIGNATURE – OWNER/AGENT

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

<i>Office Use Only</i>	
Tax Amount \$	_____
Penalty Fee \$	_____
Transfer Fee \$	_____
Fire Insp. Fee \$	_____
TOTAL FEE \$	_____
Zoned:	_____
<input type="radio"/> Approved <input type="radio"/> Disapproved	
Zoning Signature:	_____