CITY OF TITUSVILLE - LOCAL BUSINESS TAX RECEIPT APPLICATION

555 S. Washington Avenue   Titusville, FL 32796
Phone: (321) 567-3758   **Email:** businesstaxreceipt@titusville.com

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: _____

GASOLINE: NUMBER OF NOZZLES: _____

☐ $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	
BTR # _____	
APPLICATION FEE	$_____
FIRE INSP. FEE	$_____
PENALTY FEE	$_____
PRORATED	$_____
TRANSFERR FEE	$_____
TAX AMOUNT	$_____
TOTAL FEE	$_____