



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: _____

- \$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	\$ _____