



Control Number: _____ License Number: _____

COMMERCIAL BUSINESS APPLICATION FOR TAX RECEIPT

New BTR (Select One):	New Construction	Existing Building**
Existing BTR (Select One):	Category Change	Name Change
	Location Change	Ownership Change

*****Moving walls, electrical or other construction in an existing building, may require permits.***

Please contact the Building Department – Phone: (321) 953-8924

Please Fill Out Completely

Business Name: _____

Business Location: _____

Business Mailing Address: _____

Business Telephone Number: _____ Number of Employees: _____

Nature of Business: _____ Square Footage: _____

Business Email: _____ Business Website: _____

Types of Business: Individual Partnership Corporation

Name of Owner: _____ Date of Birth: _____

Owner's Address: _____

Telephone: _____ FAX: _____

Email: _____ Drivers License Number: _____

Social Security Number: _____ EIN: _____

Social Security and/or Tax ID Numbers are collected for the purpose of conducting a business.

THE FOLLOWING INFORMATION IS REQUIRED BY THE POLICE AND FIRE FOR EMERGENCY USE AFTER HOURS AND ON WEEKENDS

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

If you have a Burglar Alarm System, please complete the following fields:

Name of Alarm Company: _____ Telephone: _____

If you are the owner of the building, please list the owner's information below:

Owner's Name: _____ Telephone: _____

Owner's Street Address: _____

City: _____ State: _____ Zip Code: _____

SIGNATURE (Required):

I hereby declare that the preceding statements are true and correct to the best of my knowledge and belief. I understand that violation of any Federal, State, or Local Ordinance is grounds for the City of Palm Bay to void the Receipt. By my signature, I acknowledge that I have been made aware that the issuance of a Business Tax Receipt does not constitute the only authorization required to conduct business in the City of Palm Bay.

Signature of Applicant

Print Name

Date

SOCIAL SECURITY NUMBER - Statement of Purpose

Pursuant to Florida Statutes, Section 119.071(5) (a) 2, the City of Palm Bay is required to provide to you in writing the purpose for collecting your social security number.

It is being collected by the City of Palm Bay for the following purpose/reason:

Background Information/History

Billing Payments

Business Occupation Verification

Credit Screening

Eligibility for Governmental Subsidy

Identity Verification

Benefit Processing

Taxpayer Identification/Certification

Training/Certification

Vendor Verification

Other _____

ACKNOWLEDGEMENT: I, _____, hereby acknowledge receipt of a copy of this document on _____, 20_____.

Signature

APPLICANT MUST COMPLETE TO THIS LINE ONLY

Zoning:_____ Date:_____ Approved:_____ Denied:_____

Fire:_____ Date:_____ Approved:_____ Denied:_____

Code:_____ Date:_____ Approved:_____ Denied:_____

Building:_____ Date:_____ Approved:_____ Denied:_____

Account Number:_____ Control Number:_____

Category Code:_____ Category Code:_____

Category Name:_____ Category Name:_____

OA:_____ OL:_____ OR:_____

OT:_____ OP:_____ CSR Signature:_____

This form is to accompany the record/document upon which is written the social security number of the individual whose name is shown below.

A copy of this form is to be provided to or retained by the individual.