

City of Sebastian LOCAL BUSINESS TAX APPLICATION

PURPOSE OF APPLICATION:

- NEW BUSINESS
- CHANGE OF LOCATION
- CHANGE OF NAME
- CHANGE OF OWNERSHIP
- RENEWAL
- CHANGE OF INFORMATION:
- Corporation Name
- Mailing Address
- Other

IF NOT A NEW APPLICANT:

CURRENT CITY TAX RECEIPT NO. _____

IF STATE LICENSED: A COPY OF CURRENT STATE LICENSE MUST BE ATTACHED.

BUSINESS TELEPHONE NO.: _____

Cell Phone No.: _____

BUSINESS NAME _____

d/b/a _____

BUSINESS ADDRESS:

Street _____ Sebastian, FL 32958

Suite/Bay /Unit No. _____

Building/Plaza Name _____

E-Mail Address: _____

MAILING ADDRESS (If different from business address):

Street _____

P.O. Box _____

City _____ State _____ Zip _____

NATURE OF BUSINESS (PLEASE BE SPECIFIC): _____

CIRCLE ONE: BUSINESS OWNER MANAGER CONTRACTOR / QUALIFIER BROKER OF RECORD REGISTERED AGENT

Applicant Information:

NAME _____ HOME TELEPHONE NO. _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DRIVER'S LICENSE NO. _____ STATE _____

CIRCLE ONE: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER _____

FEDERAL EMPLOYER I.D. NO. _____

Square footage: TOTAL _____ OFFICE SPACE _____ STORAGE _____ OTHER _____

COMMERCIAL LOCATIONS

Are you sharing office space? Yes _____ No _____ If yes, name of business _____

Is this a Branch Office? Yes _____ No _____ If yes, address of Main Office _____

If change of address, previous address: _____

What was the last business at this location? _____

Have you ever had a business located in the City of Sebastian before? If yes, Name of Business: _____

Are there any interior/exterior alterations to be performed prior to occupancy? Yes _____ No _____ If yes, describe _____

Building Permit No. _____

Is a sign or banner required for this business? Yes _____ No _____

Any use or storage of FLAMMABLE OR EXPLOSIVE MATERIALS? YES _____ NO _____

Where will materials and equipment be stored? _____ In a Commercial Building _____ Outside building (*give details*) _____

EATING ESTABLISHMENTS: Number of Seats _____ **GASOLINE SERVICE STATIONS:** Number of Pumps _____

BARBER / BEAUTY / NAIL SALON:

No. of Chairs/Stations _____ **WILL CHAIRS /STATIONS BE LEASED?** YES _____ NO _____ **Will you have retail sales?** YES _____ NO _____

Alarm Company Name & Phone Number: _____

Emergency Contact Information (provided to Police Department)

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

HOME BASED BUSINESSES

Quantity, make and model of vehicle(s) to be used for the business _____

Size of utility trailer (length and height) _____ or size of boat (length) _____ if associated with business.

If a utility trailer or boat is associated with the business where will vehicles be parked? _____

How will vehicles be screened? _____

Where will materials and equipment be stored? (check one)

_____ Within the home (indicate on floor plan the approximate square footage).

_____ Enclosed in vehicle or trailer.

Number of Employees (not including self) _____ Number of deliveries expected each week: _____

If product is shipped from or manufactured elsewhere:

Name of Company _____ Address: _____

I have read and understand Section 54-2-7.13 , and Section 54-2-7-21 of the City of Sebastian Land Development Code.

Signature _____

I, _____, Being first duly sworn, depose and say that: _____ I am the owner _____ I am the legal representative of the owner of the property described which is the subject matter of the application, and that all of the information, data and/or sketches provided in this application are true and accurate to the best of my knowledge and belief.

Signature _____ Date _____

Sworn to and subscribed to me by _____ who is personally known to me or has produced _____ as identification, this _____ day of _____, 20_____.

Notary Signature: _____

Seal: _____

All Applicants:

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 SEBASTIAN TO VOID THE RECEIPT. BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE BEEN MADE AWARE THAT ISSUANCE OF A BUSINESS TAX RECEIPT DOES NOT CONSTITUTE THE ONLY AUTHORIZATION REQUIRED TO CONDUCT A BUSINESS IN THE CITY OF SEBASTIAN. I FURTHER ACKNOWLEDGE THAT MY BUSINESS MUST BE LOCATED WITHIN A PROPERLY ZONED DISTRICT AND THAT THE LOCATION SITE MUST MEET AND MAINTAIN ALL FIRE, POLICE, PARKING, BUILDING, ELECTRICAL AND PLUMBING REQUIREMENTS TO CONDUCT A BUSINESS, AND THAT PRIOR TO THE ISSUANCE OF THE BUSINESS TAX RECEIPT, THIS APPLICATION MUST BE APPROVED BY THE BUILDING OFFICIAL OR THE GROWTH MANAGEMENT DIRECTOR.

SIGNATURE OF APPLICANT _____ DATE _____



THE FOLLOWING IS TO FILLED OUT BY CITY PERSONNEL

Growth Management:

Date Application Received _____ Application Fee Paid _____

Zoning Classification of Site _____ Approved _____ Denied _____ Date: _____

By Growth Management Director: _____ Comments: _____

Building Department:

Approved: _____ Denied: _____ Date: _____ By Building Director: _____

Comments: _____

Fire Department:

Approved: _____ Denied: _____ Date: _____ Inspected By: _____

Comments: _____