



Building Department  
65 Stone St. | Cocoa, FL 32922  
Phone: (321) 433-8501 | Fax (321) 433-8543  
buildingdept@cocoafl.org

## Business Tax Receipt Application

Official Use Only: _____
Tax receipt #: _____
Home Occ. #: _____
NAICS CODE: _____
Fees Due: _____

Please make the appropriate selection:

- |                     |                     |                       |
|---------------------|---------------------|-----------------------|
| Commercial business | Home Based Business | New Business          |
| Address Change      | Name Change         | Transfer of Ownership |

### Business Information:

Business Name: \_\_\_\_\_

Business Address (Street Number, City, State, Zip): \_\_\_\_\_

Mailing Address (Street Number, City, State, Zip): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

Total Employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Type of Business: Sole Proprietor Corporation Partnership

Date Business is Planning to Open/Transfer/Relocate at this Location: \_\_\_\_\_

Please explain in detail the nature of your business, including normal business schedule (days/hours), list of any chemicals used and/or stored at the business location site, etc. You may attach or include literature, brochures, or any promotional materials you may have prepared for your business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact for Fire Inspection (Not applicable to home-based business):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Miscellaneous Information (Not applicable to home-based business):**

Number of parking spaces: \_\_\_\_\_ Square footage: \_\_\_\_\_

Hotel/Motel/Apartments: Number of Rooms/Units: \_\_\_\_\_

Restaurant: Number of Seats: \_\_\_\_\_ Salon Number of Chairs: \_\_\_\_\_

**Business Owner Information:**

Owner 1:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (Street number, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner 2:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (Street number, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Notice to Property Owner/Tenant:**

Any alteration to the building will require a building permit and inspections for compliance with adopted City Building Codes. This includes wall partitions and wall coverings such as electrical, plumbing, and/or mechanical work. In addition, a building permit will be required for any ground or wall mounted sign erected or altered at this location.

**Transferability:**

Approval to conduct a business is not transferable from one person to another or from one location to another.

**Applicant Signature:**

I certify that all of the information herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just for immediate revocation of any license issued to me. It is further understood that I must comply with all codes in the City of Cocoa and failure to correct conditions, which are in violation, is punishable under the code of sufficient cause for violation of my license. I acknowledge that the issuance of this will be preformed and should deficiencies be found that are in conflict with the city code, I will make the required corrections and pay the applicable fee(s).

Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by:

\_\_\_\_\_ (Customer Name) who is personally known or has produced \_\_\_\_\_ identification, and who did/did not take oath.



\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Name of Notary typed, printed or stamped)

**Property Owner Signature (or an attached copy of a notarized lease):**

I certify that I am the simple owner (or legal representative of the property at):

\_\_\_\_\_

and I hereby give authorization to this applicant to operate the above referenced business on my property described above.

Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by:

\_\_\_\_\_ (Customer Name) who is personally known or has produced \_\_\_\_\_ identification, and who did/did not take oath.



\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Name of Notary typed, printed or stamped)

**Official Use Only:**

Proposed business is located in zoning district: \_\_\_\_\_

Property is located in the following special zone:

- Cocoa CRA
- US1 CRA
- Diamond Square CRA
- Hubzone
- Brownsfields Area #1
- Brownsfields #2 (Grissom Area)

Department	Approved/Denied	Signature	Date
Planning & Zoning	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Comments <input type="checkbox"/> Denied		
Building & Permitting	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Comments <input type="checkbox"/> Denied		
Fire Inspector	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Comments <input type="checkbox"/> Denied		
Reuse	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Comments <input type="checkbox"/> Denied		

Comments:

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If application has been denied, see reason:

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