



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

Business Tax Receipt Application

Please make the appropriate selection:

Commercial Business	Home Based Business	New Business
Address Change	Name Change	Transfer of Ownership

Official Use Only: _____
Tax Receipt #: _____
Home Occ. #: _____
NAICS CODE: _____

Business Information:

Business Name: _____

Business Address (Street Number, City, State, Zip): _____

Mailing Address (Street Number, City, State, Zip): _____

Business Phone: _____ Emergency Phone: _____

Business Website: _____

No. of Full time Employees: _____ No. of Part Time Employees: _____

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:

1. Name and title:

Name: _____ Title: _____

Address (Street number, City, State, Zip): _____

Email address: _____ Phone: _____

2. Name and title:

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. Please indicate if there are any proposed alterations.

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		
Environmental Control	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Comments <input type="checkbox"/> Denied		

Comments:

If application has been denied, see reason:



Classification/Certificate Requirements for Professionals	Agency	Telephone Number
Accountant, Air Conditioning Contractor, Architect, Auction House/Auctioneer, Barber Shop/Beauty Salon, Electrical Contractor, Funeral Directing/Embalming, General Building Contractor, Manicurist, Plumbing, Real Estate Appraiser/Broker, Residential Contractor, Roofing Contractor, Special Trades Contractor, Veterinarian	Department of Business and Professional Regulations	850-488-1234
Acupuncturist, Chiropractor, Dentist, Doctor of Medicine, Message Therapist, Nutritionist, Occupational Therapist, Optician, Optometrist, Pharmacy, Physical Therapist, Speech Pathologist	Department of Health	850-488-0595
Apartment, Boarding House, Hotels/Motels, Restaurant	Division of Hotels and Restaurants	850-487-1395
Attorney	Florida Bar (identification card)	850-561-5832
Automobile Vehicle Dealer, Automobile General Repair	Department of Highway Safety & Motor Vehicles	321-383-2748
Bakery, Dance Halls/Studios, Exterminator, Grocery/Convenience Store (if cooking food at location), Ice Cream Vendors, Physical Fitness Facility, Soliciting Contributions, Telephone Solicitation, Travel Agency	Department Agriculture and Consumer Services	800-435-7352
Bank & Trust Companies, Fireworks Sales, Insurance Company, Loan Broker/Company	Florida Department of Financial Services	850-413-3089
Acupuncturist*, Body Piercing, Daycare Centers/Preschool, Dog/Pet Grooming, Trailer/Mobile Home Site, Tanning Salon, Tattoo Establishment	Brevard County Environmental Health	321-633-2053
Detective/Security Agency	Department of State	850-488-0595
Engineer	Florida Engineers Mgmt Corporation	850-521-0500
Alcohol Dealer, Gun Dealers, Tobacco Dealers	Bureau of Alcohol, Tobacco and Firearms	407-648-6136
Hospitals, Nursing & Personal Care	Division of Health Care Administration	850-488-1295