



**LOCAL BUSINESS TAX RECEIPT APPLICATION
COMMUNITY DEVELOPMENT DEPARTMENT**

**65 Stone Street, Cocoa, Florida 32922
Phone: (321) 433-8502 Fax (321) 433-8543**

LICENSE # _____

BUSINESS NAME: _____

Physical Address (include city, state, zip)	Mailing Address: <input type="checkbox"/> (same as physical address)	Business Phone #
		Fax #

APPLICANT

Name (include Title if officer of business)	Mailing Address (include city, state, zip)	Primary Contact Phone #

BUSINESS OWNER/CORPORATE OFFICERS/PARTNERS (add additional form if needed)

1. Name, Business Title, and Email	Address (include city, state, zip)	Phone #
2. Name, Business Title, and Email	Address (include city, state, zip)	Phone #

OWNER OF BUILDING

Name	Address (include city, state, zip)	Phone #

EMERGENCY CONTACTS

List two individuals who are able to arrive at the Business location within 15 minutes of notification of fire, burglary or other emergency. These individuals should have access to door locks and alarms.

Name	Address	Telephone
Is there a security system? Y / N		If YES, please describe:
Does the business have an emergency generator? Y / N		If YES, please describe:
In the event of a hurricane or other natural disaster, which may leave businesses without power for prolonged periods of time, the City is requesting businesses to indicate if they are equipped with an emergency generator. Inclusion of your business on the emergency generator list is for informational purposes only and does not guarantee to the public your business will be open during such an event.		

DETAILED EXPLANATION OF BUSINESS OPERATION

Please explain in detail the nature of your business, including the location (or locations), normal business schedule (days/hours), etc. You may attach or include literature, brochures, or any promotional materials you may have prepared for your business.

Applying for a Residential Rental Local Business Tax Receipt.

ADDITIONAL INFORMATION

FEDERAL TAX ID #	STATE LIC #	BREVARD COUNTY LIC #
Chemicals to be used (if applicable):		

Date Business is planning to Open at this Location: _____

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 as well 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 submit the following items in order complete the application:

- Application fee.** Please make checks payable to the 'City of Cocoa'.
- Fictitious Name** registration and/or **Articles of Incorporation** from Florida Secretary of State
- Proof of ownership.** A copy of the most recent recorded warranty deed or copy of current property ownership from the Brevard County Property Appraiser's Office.
- Property Owner Authorization.** If the applicant is not the property owner, a notarized letter of authorization or agent affidavit (i.e. power of attorney) is required. Each property owner must complete a separate authorization form or other suitable documentation to allow the applicant to operate the business on the owner's property. A "Letter of Authorization for Business" form is available from the City.
- Home Occupation Application.** If the business is to be located at your place of residence, a Home Occupation Application must be submitted along with the Business Tax Receipt Application.
- Local Agent Registration Form.** If the applicant is applying for a Residential Rental Business Tax Receipt, a Local Agent Registration Form must be submitted along with the Local Business Tax Receipt Application.

Transferability:

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

CERTIFICATION

I certify that all of the information contained 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 cause for the 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 or sufficient cause for violation of my license. I acknowledge that the issuance of this business tax receipt is contingent upon complying with the building and fire prevention requirements of the City. Inspections will be performed 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).

<p>_____ Printed Name of Applicant</p>	<p>_____ Notarized Signature of Applicant</p>
<p>State of Florida, County of Brevard, subscribed and sworn to before me this ____ day of _____, 20____, who is personally known to me or produced: _____ as identification.</p>	
<p>_____ Notary Public At Large</p>	<p>SEAL: _____ My Commission Expires</p>

FOR OFFICE USE ONLY

Proposed business is located in Zoning District: _____

Property is located in the following special zone:

Enterprise Zone _____ Cocoa RDA _____ US1 RDA _____ Diamond Square RDA _____

Concurrency Management Application exemption due to de minimis impact approved by: _____ Date: _____

Approved / Denied	Bldg. Dept.	By:	Date:
Approved / Denied	Zoning Dept.	By:	Date:
Approved / Denied	Fire Inspector	By:	Date:

If application has been denied or is pending, see reason: _____

Code:	Fee:	Date:	License #
			: