

INSTRUCTIONS & INFORMATION FOR LOCATION TRANSFER

(City Limits)

ATTENTION

Your application for Brevard County Business Tax Receipt cannot be processed until the requirements have been met and proof submitted with application. Original copies may be presented for verification when applying in person. Photocopies should be used when submitting by mail.

Instructions:

1. Submit copy of current Brevard County Business Tax Receipt.
2. Complete the Business Tax Receipt application. For questions concerning this form, contact the Tax Collector's Office at 321-264-6969 or 321-633-2199.
3. Provide a copy of your current City Tax Receipt reflecting the new business location and type of business that is being conducted at that location. Contact your City for information on the city receipt.
4. If using a business name, provide a copy of the fictitious name registration and/or Corporation receipt from Florida Secretary of State.
5. Other documents may be required depending on the type/nature of business you are conducting i.e. State of Florida Certification, certificate of competency, Florida Dept of Agricultural and Consumer Service certification, auto dealer's license, etc.
6. The applicable Business Tax transfer of location fee is \$5.00. Please submit this amount with your application and other required documents. If your current Business Tax Receipt has not yet been paid, please submit current amount due plus transfer of location fee.
7. If you are applying fertilizer to turf/or landscape plants in the course of a commercial business (ex. Landscaping, yard care, etc.), you are required to provide a copy of a DOACS Certification issued by The Bureau of Entomology and Pest Control at 850-617-7997. If fertilizer is being applied to turf/or landscape plants to a business property by an employee of the business (ex. cemeteries, power plants, hotel/motel, schools, etc.), you are required to provide a copy of a Certificate of Training Best Management Practices by Florida Green Industries at 352-273-4517.
8. Proof of personal identification is required.

Requirements (a copy of one or more of these requirements may need to be submitted depending on the business name and the nature of the business):

- Fictitious name registration and/or Corporation receipt from Florida Secretary of State. **850-488-9000 www.sunbiz.org**
- Certificate of Competency or State of Florida Certification [Contractors]. **County: 321-633-2058 State: 850-487-1395**
- State of Florida Certificate or Registration as subject to: Dept of Business and Professional Regulation or other Regulatory Boards. i.e., Florida Bar, State Dept of Health, Secretary of State, etc.
- Certificate(s) from Hotel & Restaurant Commission. **850-487-1395** (State of Florida Dept. of Business Regulation)
- Florida Dept of Agriculture & Consumer Services **800-435-7352**
- Auto Dealer's License [FL Dept of Highway Safety & Motor Vehicles] **321-383-2748**
- Second Hand Dealer License **321-757-7070 [Dept. of Revenue]** Notify Brevard County Sheriff Pawn Compliance: **321-617-7306**

Mail to: Brevard County Tax Collector
P.O. Box 2500
Titusville, FL 32781-2500

To Apply In Person: Brevard County Tax Collector
400 South Street, 6th Floor
Titusville, FL 32780

APPLICATION FOR BREVARD COUNTY BUSINESS TAX RECEIPT

COMPLETE THIS SECTION: (Print or Type) Original Application Transfer / Correction of Existing Tax Receipt

1. BUSINESS NAME: _____
Individual Professionals: Skip Line #1 BUSINESS NAME = Trade Name D/B/A
 2. OWNER(S): _____
 3. TELEPHONE: Business: _____ Cell: _____
Home: _____ Fax: _____
 4. LOCATION: _____
[Physical Street Address; NOT a P.O. Box]
- IS THE SUBJECT PROPERTY WITHIN CITY LIMITS? YES NO IF YES, CITY RECEIPT # _____
IF NO, COMPLETE ZONING VERIFICATION SECTION ON BACK PAGE: (Brevard County Zoning Div. Ph # 321-633-2070)
5. MAILING ADDRESS: _____
 6. OPENING DATE OF BUSINESS, OR DATE BUSINESS ASSUMED OR RELOCATED: _____
 7. FLORIDA SALES TAX REGISTRATION # _____ (If Applicable)
 8. FIN # _____ - _____ OR SS# _____ *
 9. CERTIFICATION OR STATE BOARD # _____
(CONTRACTORS, PROFESSIONALS, ETC.)
 10. NATURE OF BUSINESS: _____
(SPECIFY ACTIVITY / ACTIVITIES, TYPE OF SALES OR SERVICE)
 11. DO YOU APPLY FERTILIZER TO TURF AND/OR LANDSCAPE PLANTS? YES NO
(See Instructions & Information Sheet for more information.)
 12. EMAIL: _____ WEBSITE: _____

ACKNOWLEDGMENT:

Issuance of a Brevard County Business Tax Receipt DOES NOT certify compliance with related Florida Laws or Brevard County Ordinances. Although regulatory requirements for specified activities may have been required by Statute, failure to disclose specific activities (on line 10) may result in insufficient determination of known pre-requisites. Although zoning verification may have accompanied this application, specific violations are not defensible by issuance of this tax receipt.

Services, construction related activities, and other shall be responsible for determining the limitations of activities which otherwise require regulatory compliance (i.e. "Handyman" prohibited from Electrical, Plumbing, Roofing, etc. which requires Certificate of Competency, or State of Florida Certification). The Brevard County Business Tax Receipt shall be subject to revocation upon notification by appropriate Regulatory Agency, or knowledge by Tax Collector (& employees) that activities are engaged in which require Regulatory compliance, until such Regulatory requirement is fulfilled, or until prohibited activity ceases.

* Pursuant to Florida Statute 119.071(5)(a)2.a, the purpose for the Tax Collector's collection of an individual's social security number for this application is to comply with Florida Statute 205.0535(5) which requires that no local business tax receipt be issued unless the social security number is obtained from the person to be taxed.

I hereby declare the information submitted herein to be true to the best of my knowledge, and that I have read the above acknowledgment.

APPLICANT'S SIGNATURE X _____ DATE _____

Identification (Driver Lic. # etc) _____

Florida Driver's License, notarized acknowledgment, Corporate Charter Receipt from Secretary of State. If application is completed by other than owner(s) [including ALL partners], a copy of the organizational documents must be included. (i.e. partnership agreement, Corporate charter, etc.)

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|--|----------------------|--|------------------|
| DO NOT WRITE IN THIS BLOCK: TAX COLLECTOR'S USE | | TRANSFER: <input type="checkbox"/> Ownership <input type="checkbox"/> Location | |
| ACCOUNT # _____ | EXEMPTION _____ | RECEIPT AMOUNT | \$0.00 (If paid) |
| CLASSIFICATIONS: _____ | CERTIFICATION# _____ | TRANSFER OF LOCATION FEE | \$5.00 |
| _____ | _____ | TOTAL DUE: | \$5.00 |
| _____ | _____ | | |
| _____ | _____ | | |
| Mailed / Distributed by: _____ | Date: _____ | | |
| <input type="checkbox"/> Advised of T.P.P. (Acct #): _____ | Issued By: _____ | Date: _____ | |