

**TOWN OF INDIALANTIC**  
**Brevard County, Florida 32903**  
**APPLICATION FOR OCCUPATION LICENSE**

**APARTMENT/MOTEL RENTAL**

Indialantic Town Code Sec. 9-11 *Schedule of license taxes*: The following enumerated license taxes shall be paid for the following named classifications of businesses, occupations and professions. Said rates or amounts are annual unless otherwise specified.

(1) APARTMENTS and/or other rental units, furnished or unfurnished, BED AND BREAKFAST, HOTELS AND MOTELS. Any concession shall constitute a separate business.

(A) Apartment with 5 or fewer units.....60.00

(B) Apartment with more than 5 units.....100.00

DATE \_\_\_\_\_

\_\_\_\_\_  
NAME AND ADDRESS OF MOTEL/APARTMENT RENTAL UNITS

HOW MANY UNITS AT THIS ADDRESS \_\_\_\_\_

\_\_\_\_\_  
NUMBER OF PARKING SPACES AVAILABLE \_\_\_\_\_

NAME AND PHONE # OF  
MANAGER \_\_\_\_\_

BUSINESS ENTITY: INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

(List all partners if partnership; if corporation, list corporate officers as follows: Chairman, President, Secretary, Treasurer) DATE OF INCORPORATION \_\_\_\_\_

\_\_\_\_\_  
NAME ADDRESS PHONE

\_\_\_\_\_  
NAME ADDRESS PHONE

\_\_\_\_\_  
NAME ADDRESS PHONE

NAME AND ADDRESS OF LOCAL EMERGENCY CONTACT PERSON:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (print)

\_\_\_\_\_