

**APPLICATION FOR BUSINESS TAX RECEIPT (B.T.R.)
Required Support Documents and Frequently Asked Questions**

Contact Town Hall at 321-723-2242, to ensure the planned business location is within the incorporated limits of Indialantic.

A Business Tax Receipt (B.T.R.) is required for any business performing services or selling goods, advertising goods for sale or advertising the performance of services for a fee. A separate B.T.R. is required for each place of business.

If you are a professional or in a business that requires a license from any division of the State, you must first obtain your State license before applying for your Town of Indialantic B.T.R.

A B.T.R. must be obtained *before* the business begins operation. If you operate a business prior to obtaining the B.T.R., you are subject to a penalty as provided by Town of Indialantic Code Section.

For commercial businesses, "Addendum to Business Tax Receipt Application" form must be completed.

All businesses must meet additional requirements, which include compliance with zoning codes, inspections through the Building Official/Code Enforcement Officer and Fire Department.

If a business uses any name other than the full legal name of the owner or a corporation uses a name other than its legal corporate name, a fictitious name (also referred to as a D/B/A) must be registered with the State. Forms and additional information are available from the *Florida Department of State, Fictitious Name Registration*. at 850-487-6058.

Any entity that transacts business as a corporation is required to file documents of incorporation or authorization with the State Division of Corporations. Proof of active status must be submitted with your application for a Town of Indialantic B. T. R. Contact the *Florida Department of State, Division of Corporations*, at 850-488-9000.

Basic Fire Inspection Guidelines

Possess a fire extinguisher from a certified fire extinguisher company. (Check the Yellow pages for a qualified company)

Must have emergency lighting and exit lights where needed.

Extension cords ARE NOT ALLOWED to be used under any circumstances.

Address must be posted according to Town of Indialantic's Code of Ordinance, Chapter 13, Section 9.

Must have means of egress clear of all debris and obstacles per National Fire Protection Association Standards.

Electrical panel box must be marked in ink (not in pencil).

All bathrooms must be wired for smoke detector 110 volt.

GFCI on all outlets within six (6) feet of sinks, tubs and other open water area.

If you have any further questions, contact the Indialantic Fire Department at 321-723-0366.

TOWN OF INDIALANTIC
Brevard County, Florida 32903
APPLICATION FOR BUSINESS TAX RECEIPT (B.T.R.)

TYPE OF APPLICATION (check one(s) that may apply)

New Business Transfer of Ownership Name Change Change of Location
 Applying for B.T.R. in existing business (first four lines & applicant information on second page)

1. APPLICANT NAME _____ DATE _____

2. BUSINESS NAME _____

* BUSINESS EMAIL (optional) _____

3. BUSINESS ADDRESS _____

BUSINESS PHONE _____

4. STATE LICENSE NUMBER (**attach copy of all applicable licenses**) _____

EMERGENCY CONTACT _____ PHONE _____
(local only and must have a key for emergency access)

TYPE OF BUSINESS (describe in detail) _____

_____ OWN _____ RENT/LEASE _____ PROPERTY OWNER _____

PROPERTY OWNER ADDRESS _____

PROPERTY OWNER CITY/STATE/ZIP _____ PHONE _____

BUSINESS ENTITY _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION
(List all partners in partnership; if corporation, list corporate officers as follows: Chairman, President, Secretary, Treasurer)

DATE OF INCORPORATION (**attach documentation of Incorporation**) _____

CHAIRMAN ADDRESS/CITY/STATE/ZIP PHONE

PRESIDENT ADDRESS/CITY/STATE/ZIP PHONE

SECRETARY ADDRESS/CITY/STATE/ZIP PHONE

TREASURER ADDRESS/CITY/STATE/ZIP PHONE

ZONING OF BUSINESS _____ C _____ C1 _____ C2 _____ R-P _____ T _____ SC

I hereby declare that I have read and understand all applicable sections of Chapter 17 of the Code of Ordinances, Town of Indialantic, Florida. **I also understand that I am not to commence operation of my business until a Business Tax Receipt has been issued.**

I hereby declare the above statements to be true and correct to the best of my knowledge and belief.

Applicant Name (print) _____

Signature of Applicant _____ Date _____

Home Address (Number/Street/City/State/Zip) _____

Home Phone _____ Cell Phone _____

Note: If you are going to do any construction work *of any type* to start this new business, you must obtain a building permit before any work is started. Failure to do so will result in a fine.

It shall be unlawful for any person subject to a Business Tax Receipt regulation to operate an alarm system in the Town without a valid permit.

All alarm permits expire on September 30th of each year and must be renewed no later than October 1st of each year. A permit fee of \$10.00 each year.

_____ Yes, there is an alarm located in the business (There is an additional form needed for permit)

_____ No, there is no alarm located in the business Signature of Applicant _____

Identification produced _____

Notary Signature _____ Stamp _____ Date _____

A separate application is required for permitted signs.

Addendum to Business Tax Receipt Application

Note: Business Tax Receipt will not be issued until a Waste Management representative has signed this addendum.

Call 321-409-6606 and ask for Lisa Asselin or fax completed form to 321-409-8267. This addendum is the responsibility of the applicant, not the Town of Indialantic.

Name of Business _____

Name of Applicant _____

Address of Business _____

Contact Number _____ Fax Number _____

Town of Indialantic Code Section 8-5. Duty to use contract collector; fees.

(a) *Residential:* All residents or occupants of residential dwellings, houses and units in the town, wherever situated as to zoning, shall be required to have accumulations of garbage and trash removed and disposed of by the collector holding a contract or franchise agreement with the town, and for such service shall pay the collector such fees and charges as are agreed upon by the terms of the franchise agreement. Fees and charges for garbage and trash shall be chargeable on newly constructed residential units immediately upon occupancy or whenever the first garbage and trash collection is made by the contractor, whichever shall occur first.

(b) *Commercial:* All occupants of premises used for commercial purposes shall be required to have accumulations of garbage and trash removed and disposed of by the franchised collector and shall pay to him such fees and charges as are authorized for commercial collection in the franchise agreement with the town. Each occupant shall contract with the franchised collector and either provide a garbage container or utilize the dumpster that is provided for the building in which the occupant is located.

(c) *Evidence of accumulation:* The fact that any place of abode or any place of business is occupied shall be prima facie evidence that garbage or trash or both is being produced and accumulated upon such premises, and that charges and fees for the collection and disposal thereof are due the collector. (Code 1962, 16-29; Ord. 04-04, 2, 1-20-04)

This is to verify that the above referenced business has complied with Town of Indialantic Code Section 8-5. Duty to use contract collector; fees, by obtaining commercial garbage and trash pick up effective.

Signature of Waste Management Representative _____

Note: Fax completed, signed form to Town of Indialantic at 321-984-3867 or mail to 216 Fifth Avenue, Indialantic, Florida 32903

**Town of Indialantic
Application for Alarm System Permit**

Applicant Name _____ Date _____

Applicant Address (Number/Street/City/State/Zip) _____

Applicant Contact Number(s) _____

Business Name _____

Business Address _____

Type of Business _____

Property Owner _____

Property Owner Address (Number/Street/City/State/Zip) _____

Emergency Contact _____

Emergency Contact Number _____

Alarm Service Company _____

Alarm Service Company Address (Number/Street/City/State/Zip) _____

Alarm Service Company Contact Number _____

Applicant's Signature _____ Date _____

For Official Use Only

Approved _____

Permit Number _____

Expiration date September 30, 20____

Date _____

Fee \$10.00

Building Official _____