

TOWN OF INDIALANTIC
216 Fifth Ave. Fl. 32903 (321)-723-2242
Fax (321) 984-3867
Brevard County, Florida 32903

APPLICATION FOR OCCUPATIONAL LICENSE
VENDING MACHINES

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

LOCATION OF MACHINES:

Business Name _____

Business Address _____

Type of Machine

Serial

#

| | |
|-------|----------------|
| _____ | Serial # _____ |

CODE SECTION 9-11 (22) VENDING MACHINES (each machine) \$30.00

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

Signature of Applicant

Date

Name of Applicant (Print)

Home Address _____

Home Phone _____