



# TOWN OF MELBOURNE VILLAGE

555 Hammock Road - Melbourne Village - Brevard County, Florida 32904-2513  
Telephone (321)723-8300 - Fax (321)984-7219  
Email: deputyclerk@melbournevillage.org

## APPLICATION FOR BUSINESS TAX RECEIPT

NAME OF BUSINESS: \_\_\_\_\_  
*If name is fictitious, copy of fictitious name registration or articles of incorporation must accompany application.*

LOCATION OF BUSINESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM BUSINESS LOCATION: \_\_\_\_\_

F LICENSE FOR CONTRACTING, GIVE COMPETENCY NUMBER, STATE CERTIFICATE NUMBER OR STATE QUALIFICATIONS: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_

SIGNATURE of Applicant: \_\_\_\_\_

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BUILDING OFFICIAL: \_\_\_\_\_

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO DATE: \_\_\_\_\_

FIRE DEPARTMENT REVIEW: \_\_\_\_\_

STATE LICENSING REQUIREMENTS? \_\_\_\_\_

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO DATE: \_\_\_\_\_

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LICENSE CLASSIFICATIONS: \_\_\_\_\_

AMOUNT OF LICENSE: \_\_\_\_\_

APPROVAL: \_\_\_\_\_ YES \_\_\_\_\_ NO DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

TOWN CLERK Signature: \_\_\_\_\_

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**YOU SHOULD BE PRESENT AT THE COMMISSION MEETING IN ORDER FOR YOUR OCCUPATIONAL LICENSE TO BE CONSIDERED BY THE COMMISSION. NOT ATTENDING MAY RESULT IN APPLICATION BEING DEFFERD TO THE NEXT MONTHS MEETING.**

**THE NEXT MEETING IS SCHEDULED:**

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