

# City of Sebastian LOCAL BUSINESS TAX APPLICATION

**PURPOSE OF APPLICATION:**

- NEW BUSINESS
- CHANGE OF LOCATION
- CHANGE OF NAME
- CHANGE OF OWNERSHIP
- RENEWAL
- CHANGE OF INFORMATION:
- Corporation Name
- Mailing Address
- Other

**IF NOT A NEW APPLICANT:**

CURRENT CITY TAX RECEIPT NO. \_\_\_\_\_

**IF STATE LICENSED: A COPY OF CURRENT STATE LICENSE MUST BE ATTACHED.**

BUSINESS TELEPHONE NO.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_

d/b/a \_\_\_\_\_

**BUSINESS ADDRESS:**

Street \_\_\_\_\_ Sebastian, FL 32958

Suite/Bay /Unit No. \_\_\_\_\_

Building/Plaza Name \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**MAILING ADDRESS (If different from business address):**

Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NATURE OF BUSINESS (PLEASE BE SPECIFIC):** \_\_\_\_\_

**CIRCLE ONE:** BUSINESS OWNER    MANAGER    CONTRACTOR / QUALIFIER    BROKER OF RECORD    REGISTERED AGENT

**Applicant Information:**

NAME \_\_\_\_\_ HOME TELEPHONE NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

**CIRCLE ONE:** SOLE PROPRIETORSHIP    PARTNERSHIP    CORPORATION    OTHER \_\_\_\_\_

FEDERAL EMPLOYER I.D. NO. \_\_\_\_\_

Square footage: TOTAL \_\_\_\_\_ OFFICE SPACE \_\_\_\_\_ STORAGE \_\_\_\_\_ OTHER \_\_\_\_\_

### COMMERCIAL LOCATIONS

Are you sharing office space? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of business \_\_\_\_\_

Is this a Branch Office? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, address of Main Office \_\_\_\_\_

If change of address, previous address: \_\_\_\_\_

What was the last business at this location? \_\_\_\_\_

Have you ever had a business located in the City of Sebastian before? If yes, Name of Business: \_\_\_\_\_

Are there any interior/exterior alterations to be performed prior to occupancy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

Building Permit No. \_\_\_\_\_

Is a sign or banner required for this business? Yes \_\_\_\_\_ No \_\_\_\_\_

Any use or storage of FLAMMABLE OR EXPLOSIVE MATERIALS? YES \_\_\_\_\_ NO \_\_\_\_\_

Where will materials and equipment be stored? \_\_\_\_\_ In a Commercial Building \_\_\_\_\_ Outside building (*give details*) \_\_\_\_\_

**EATING ESTABLISHMENTS:** Number of Seats \_\_\_\_\_ **GASOLINE SERVICE STATIONS:** Number of Pumps \_\_\_\_\_

**BARBER / BEAUTY / NAIL SALON:**

No. of Chairs/Stations \_\_\_\_\_ **WILL CHAIRS /STATIONS BE LEASED?** YES \_\_\_\_\_ NO \_\_\_\_\_ **Will you have retail sales?** YES \_\_\_\_\_ NO \_\_\_\_\_

Alarm Company Name & Phone Number: \_\_\_\_\_

**Emergency Contact Information (provided to Police Department)**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**HOME BASED BUSINESSES**

Quantity, make and model of vehicle(s) to be used for the business \_\_\_\_\_

Size of utility trailer (length and height) \_\_\_\_\_ or size of boat (length) \_\_\_\_\_ if associated with business.

If a utility trailer or boat is associated with the business where will vehicles be parked? \_\_\_\_\_

How will vehicles be screened? \_\_\_\_\_

Where will materials and equipment be stored? (check one)

\_\_\_\_\_ Within the home (indicate on floor plan the approximate square footage).

\_\_\_\_\_ Enclosed in vehicle or trailer.

Number of Employees (not including self) \_\_\_\_\_ Number of deliveries expected each week: \_\_\_\_\_

If product is shipped from or manufactured elsewhere:

Name of Company \_\_\_\_\_ Address: \_\_\_\_\_

*I have read and understand Section 54-2-7.13 , and Section 54-2-7-21 of the City of Sebastian Land Development Code.*

Signature \_\_\_\_\_

I, \_\_\_\_\_, Being first duly sworn, depose and say that: \_\_\_\_\_ I am the owner \_\_\_\_\_ I am the legal representative of the owner of the property described which is the subject matter of the application, and that all of the information, data and/or sketches provided in this application are true and accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed to me by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Seal: \_\_\_\_\_

**All Applicants:**

I \_\_\_\_\_, HEREBY DECLARE THAT THE PRECEDING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT VIOLATION OF ANY FEDERAL, STATE OR LOCAL ORDINANCE IS GROUNDS FOR THE CITY OF SEBASTIAN TO VOID THE RECEIPT. BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE BEEN MADE AWARE THAT ISSUANCE OF A BUSINESS TAX RECEIPT DOES NOT CONSTITUTE THE ONLY AUTHORIZATION REQUIRED TO CONDUCT A BUSINESS IN THE CITY OF SEBASTIAN. I FURTHER ACKNOWLEDGE THAT MY BUSINESS MUST BE LOCATED WITHIN A PROPERLY ZONED DISTRICT AND THAT THE LOCATION SITE MUST MEET AND MAINTAIN ALL FIRE, POLICE, PARKING, BUILDING, ELECTRICAL AND PLUMBING REQUIREMENTS TO CONDUCT A BUSINESS, AND THAT PRIOR TO THE ISSUANCE OF THE BUSINESS TAX RECEIPT, THIS APPLICATION MUST BE APPROVED BY THE BUILDING OFFICIAL OR THE GROWTH MANAGEMENT DIRECTOR.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_



**THE FOLLOWING IS TO FILLED OUT BY CITY PERSONNEL**

**Growth Management:**

Date Application Received \_\_\_\_\_ Application Fee Paid \_\_\_\_\_

Zoning Classification of Site \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

By Growth Management Director: \_\_\_\_\_ Comments: \_\_\_\_\_

**Building Department:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ By Building Director: \_\_\_\_\_

Comments: \_\_\_\_\_

**Fire Department:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Comments: \_\_\_\_\_