



City of Cocoa Beach

2 South Orlando Ave. ♦ Cocoa Beach, FL 32931
Phone: (321)-868-3298 ♦ Fax: (321)-868-3378

Office Use Only

BC# _____
BL# _____
CU# _____

DATE RECEIVED: _____

DATE ENTERED: _____

DATE SCANNED: _____

BUSINESS TAX RECEIPT (OCCUPATIONAL LICENSE) & CERTIFICATE OF USE APPLICATION

(Check One)

- ♦ New Business ♦ Temporary Permit ♦ Name Change
 ♦ Transfer of Ownership ♦ Address Change

Business Information:

Type of Business: ♦ For Profit ♦ Not for Profit

Business Name: _____

Location: _____
(Physical Street Address—Not PO Box)

Business Mailing Address: _____
(Number Street) (City) (State) (Zip)

Business Phone: _____ Business Fax: _____

Web-Site/E-mail for Business: www. _____ @ _____

After Hours Emergency Contact & Phone Number: _____
(Name) (Phone)

Previous Type of Business at this location (if known): _____

NOTE: Change of Use Review may be required prior to issue of Certificate of Use and Business Tax Receipt for this location

Brief Description of Business: _____

Opening Date of Business / Date Business Assumed or Relocated: _____

Fictitious Name / Articles of Incorporation #: _____

NOTE: Affidavit to be signed if no Fictitious Name Registration

State Business License #: _____ Expiration: _____
(Type) (Number)

State Sales Tax #: _____ Federal Employer ID #: _____

(Section 205.0535(5), Florida Statutes requires a federal employer identification number or social security number prior to issuing a business tax receipt.)

- Hotel / Motel / Apartment** Number of Rooms/Units: _____
 Retail Business: SQ FT: _____ Hours: _____ Inventory\$: _____ #Seats: _____
 Restaurant Number of Seats: _____ SQ FT: _____ Hours: _____
 Live Entertainment Yes _____ No _____
Number and Type of Vending Machines: _____ ATM Soda/Snack Laundry Cigarette
 Game/Amusement Music/Movie Pool Table-how many? ____ Non Electric (Gum, Candy, Toy) Other _____

Applicant /Owner/Corporate Officer Information:

(Check One) ♦ Sole Proprietor ♦ Corporation ♦ Partnership ♦ LLC

Name:	
Mailing Address:	
City, State & Zip:	
Telephone:	() Fax: ()
E-Mail:	@

Name of Corporation: (If Incorporated)	
Corporate Mailing Address:	
City, State & Zip:	
Telephone of Holding Co.:	() Fax: ()
E-Mail:	@

Classification #	_____
New App Fee:	\$ _____
Additional Fees:	
Transfer Fee:	\$ _____
Tax Fee:	\$ _____
Cert of Use:	\$ _____
Fire Inspect:	\$ _____
TOTAL DUE	\$ _____

Property Owner Information:

Name:		
Mailing Address:		
City, State & Zip:		
Telephone:	()	Fax: ()
E-Mail:	@	

PROPERTY OWNERS AFFIDAVIT. I certify that I am aware and approve of the parties above doing business on my property, as stated above, providing that they maintain compliance with all applicable laws regulating business operations in the City of Cocoa Beach.

Signature _____ Date: _____
 Print Name: _____

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public (as to Owner/Agent)
 Notary Signature: _____ Seal:
 My Commission Expires: _____

Please make sure to include the following with this completed application: (as applicable)

- Copy of Driver’s License
- Copy of Fictitious Name Registration (if not Incorporated OR sign Fictitious Name Affidavit below)
- Copy of Articles of Incorporation (if not a Sole Proprietor or Partnership)
- Copy of ALL State Licenses
- Copy of Certificate of Insurance
- Copy of Lease or proof of ownership
- Copy of Menu (if serving any food or beverages)
- Floor plan showing seats & equipment (if applicable)
- Copy of Food Handler Certification (if applicable)
- Copy of Bill of Sale (if transfer of ownership) & Copy of Old BTR (if transfer of ownership or change of address)
- Signed Sign Affidavit & \$10.00 Non-Refundable Application Processing Fee

FICTITIOUS NAME AFFIDAVIT: In accordance with § 205.023, this is to certify that the business identified herein is exempt from, and need not comply with, the Florida Fictitious Name Act (§865.09, Florida Statute) for the following reason:

- I am doing business under an incorporated/LLC/LP name, or my name as a licensed professional.
- I am a single business owner using my first and last name as a part of my business name.
- I have registered my fictitious name with the Florida Department of State Division of Corporations.

Signature: _____ Date: _____ Print Name: _____ Title: _____

SIGN AFFIDAVIT: I understand and agree that pursuant to the City Land Development Code, no sign shall be erected, altered, moved or painted without approval and permits obtained through the building and zoning department of the City of Cocoa Beach.

Signature: _____ Date: _____ Print Name: _____
 (Owner or Agent)

NOTICE TO PROPERTY OWNER/APPLICANT: Any alteration to the building will require a Building Permit and inspections for compliance with adopted City/State Building/Plumbing/Fire Codes. This includes wall partitions and wall coverings as well as electrical, plumbing, and/or mechanical work. In addition, a Building Permit will be required for any ground or wall sign erected or altered at this location.

By signing this form I state that the information provided is true and correct to the best of my knowledge. I hereby agree to abide by all ordinances, rules, laws, and regulations applicable to such business with the State, County & City of Cocoa Beach. I understand that non-compliance with these regulations can result in fines of up to \$100.00 per day, suspension, or revocation of Certificate of Use.

Signature _____ Print Name _____ Date _____

EXEMPTION AFFIDAVIT: This is to certify that the business identified herein is claiming an exemption from license fees (upon proof per § 205.162, Florida Statute) for the following reason:

- I am an allowed disabled person
- I am a widow with minor dependents
- I am a disabled veteran or their un-remarried spouse
- I am over 65 years old (conditions apply)

Signature: _____ Date: _____ Print Name: _____

(Office Use Only)

ROUTING & RESULTS

Planning & Zoning:

Date Forwarded to: _____

Approved Approved as Noted _____

Zoning District: _____ Seating Inside: _____ Outside: _____ Parking: _____

By: _____ Date: _____

Date Received From: _____

Fire Department:

Date Forwarded to: _____

Approved Approved as Noted _____

Date Received: _____ Inspection Date: _____ Total Occ. Cap: _____

By: _____ Date: _____

Date Received From: _____

Building Department:

Date Forwarded to: _____

Approved Approved as Noted _____

Date Received: _____ Inspection Date: _____

By: _____ Date: _____

Date Received From: _____

Utilities Department:

Date Forwarded to: _____

Approved Approved as Noted _____

Grease Trap: Yes No / Number of Gal: _____ Connection Fees: \$ _____

By: _____ Date: _____

Date Received From: _____