



120 Malabar Road, S.E.
Palm Bay, FL 32907-3009
(321)-952-3419 <http://www.palmbayflorida.org>
Fax: (321) 733-3055

***APPLICATION FEE: \$25.00**
(Non-Refundable)

***Receipt fees based on classification**
(starting at \$105.00)

COMMERCIAL BUSINESS TAX RECEIPT APPLICATION

Please complete (print or type) the attached application. All blocks must either be completed or have "N/A" (not applicable) written in.

The Police and Fire Department request an emergency contact, in the event of a fire or burglary and you are not available. The Planning Department requires the "Legal Description" for Zoning clearance.

If you are licensed in any way by the State of Florida or certified by Brevard County, a copy must be attached to the form when it is turned in.

Be aware that all businesses possessing certain machines or appliances (such as vending machines, cigarette machines, gas pumps, juke boxes and game machines), whether in the employee's lounge or available to the general public, must be included on the application.

Please note that incomplete applications will not be processed until all requested information is provided. Failure to provide the requested information will result in additional time necessary to process your application.

The application fee and Receipt fee are required in order to process your application. The Receipt fee will not be refunded once your application is submitted for processing unless the application is denied.

Allow 10 – 14 working days to receive your Business Tax Receipt in the mail.

When you receive your receipt from the City of Palm Bay, please be sure to take it to the Brevard County Tax Office, located at 450 Cogan Drive SE in Palm Bay, to obtain your Brevard County Business Tax Receipt. You may not obtain the County Business Tax Receipt without first providing them your City of Palm Bay Business Tax Receipt.

Important Disclosure

Social Security and/or Tax Id Numbers: are collected for the purpose of conducting a business.



APPLICATION FOR BUSINESS TAX RECEIPT

We would like to welcome you and your business to Palm Bay. As part of obtaining a Business Tax Receipt, a fire safety inspection may be required by the Fire Department before you operate your business, even if your business is the same/similar as the previous occupant. A fire inspector will be contacting you to schedule an appointment for an inspection either before or after you file your application.

To assist you in obtaining your Receipt, the following is a list of the most common fire code deficiencies noted by our fire inspectors:

1. **The existing business location you have chosen may necessitate a change of occupancy.** Just because there was a business in this location prior to your business there may be a different occupancy classification code for your business. **If you have any doubts, come and meet with the Fire Inspection and Building Dept. Personnel before you do anything else!!**
2. **Any vacant commercial unit that was for a different use,** could possible necessitate code required building modifications. In some cases a different occupancy classification could cause some significant Life Safety or Building code requirement
3. **Address or unit number(s) not posted on the building.** The address must be conspicuously posted on the building; requirements are only three inches high and three quarters inches in width. We recommend six inch high numbers.
4. **Fire extinguisher(s) not provided, or improper rating.** The minimum size and type fire extinguisher required is a 2A;10bc dry chemical fire extinguisher. Specialty type extinguisher(s) may be required, depending upon the hazard of the contents of the business.
5. **Circuit breakers not labeled and electrical panel boxes not accessible.** All circuit breakers must be labeled to indicate what each circuit controls and a minimum of three feet clearance must be provided in front of the panel.
6. **Extension cords being used in place of permanent wiring.** Only UL surge suppressors are permitted.

It is against City ordinance to operate your business without a Business Tax Receipt. It is important to have your business set up and any of the above listed items corrected prior to the inspector's arrival. If any deficiencies are found, the fire inspector will work with you to correct these items. Sometimes new code deficiencies items are found that were not previously identified during any prior inspections. If we can be of assistance, please do not hesitate to contact us at 321-953-8929 between 8:00 am - 4:30 pm.

****A fire inspection fee will be assessed.****

We wish you the best success in your new endeavor!

Mike Couture, / Fire Marshal

01/07

NOTICE TO BUSINESSES

THE CITY OF PALM BAY, BREVARD COUNTY, FLORIDA, adopted Ordinance 2005-76 on November 17, 2005. The ordinance provides, in pertinent part, as follows:

It is unlawful for any business owner, manager, supervisor or employer to allow, direct, dispatch, or instruct a known sexual predator and/or sexual offender to enter into or upon any residence, including the curtilage thereof, any designated private or public school facilities or grounds, including school bus stops, any day-care center, library, after-care center, park, playground, hospital, hospice facility, nursing home, adult day-care center, dwelling, domicile, or other place where children or vulnerable adults may reside or regularly congregate, to make deliveries or perform work.

The ordinance places the responsibility on business owners, managers, supervisors or employers (hereafter "Employer") to determine whether their employees are sexual predators or sexual offenders. Failure to make such termination can result in both a criminal conviction for violating the ordinance and the loss of a business occupational license. You are therefore required to determine if your employees, current and prospective, are sexual offenders or sexual predators and to prevent them from entering into the properties set out in the ordinance.

A complete copy of Ordinance 2005-76 can be obtained from the Office of the City Clerk which is located at the City of Palm Bay, 120 Malabar Road, SE, Palm Bay, FL 32907. For additional information, please contact Neighborhood Policing Unit at Palm Bay Police Department at 321-952-3400 ext. 5697 or email npu@pbfl.org.

**CITY OF PALM BAY
APPLICATION FOR BUSINESS TAX RECEIPT**

CHECK ONE:

NEW
 CATEGORY CHANGE

CHANGE OF LOCATION
 CHANGE OF OWNERSHIP

CHECK ONE:

BUSINESS
 HOME
 APT

BUSINESS NAME: _____

BUSINESS LOCATION: _____
Street Address Unit Zip Code

BUSINESS MAILING ADDRESS: _____
(IF DIFFERENT FROM LOCATION) Street Address or P.O. Box City Zip Code

BUSINESS TELEPHONE NUMBER: _____ NATURE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____ GROSS SQUARE FOOTAGE: _____

TYPE OF BUSINESS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

NAME OF OWNER OF BUSINESS: _____ *Email Address: _____

OWNER'S ADDRESS: _____

TELEPHONE: _____ Fax _____ DATE OF BIRTH OF OWNER _____

**SOCIAL SECURITY NO: _____ ** DRIVER'S LIC/FED ID#: _____

**THE FOLLOWING INFORMATION IS REQUIRED BY THE POLICE AND FIRE DEPARTMENTS
FOR EMERGENCY USE AFTER HOURS AND ON WEEKENDS**

Name of persons to be contacted in case of emergency: (List Three *required*)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

If you have a Burglar Alarm System, please complete:

Name of Alarm Company: _____ Telephone: _____

If you are not the owner of the building, please list:

Owner's Name: _____ Telephone: _____

Owner's Address: _____

Street Address or P.O. Box, City, State, Zip Code

I hereby declare that the proceeding 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 Palm Bay to void the Receipt. By my signature, I acknowledge that I have been made aware that the issuance of a Business Tax Receipt does not constitute the only authorization required to conduct a business in the City of Palm Bay. 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 Code Requirements to conduct a business and that prior to the issuance of the Receipt, it must be approved by either and/or Fire, and Police Departments.

Signature of Applicant _____ Date _____

Typed or Printed Name _____

APPLICANT MUST COMPLETE TO THIS LINE

APPROVED-ZONING _____ BY: _____ DATE: _____

APPROVED-FIRE no inspections performed inspections performed BY: _____ DATE: _____

APPROVED-POLICE _____ BY: _____ DATE: _____

APPROVED-CODE _____ BY: _____ DATE: _____

APPROVED-BUILDING (ALF ONLY) _____ BY: _____ DATE: _____

ACCOUNT NUMBER _____ CATEGORY CODE _____ CATEGORY NAME _____

CONTROL# _____

OR _____ OP _____

OA _____ OL _____

OT _____

Social Security and/or Tax Id Numbers: are collected for the purpose of conducting a business



CITY OF PALM BAY
ALARM USER PERMIT/REGISTRATION
130 Malabar Rd. SE, Palm Bay, Florida 32907
Tel. (321) 733-3024

Permit/ Registration No.

A NON-REFUNDABLE \$20.00 PERMIT/REGISTRATION FEE MUST BE SUBMITTED WITH EACH PERMIT/REGISTRATION FORM. MAKE CHECK OR MONEY ORDER PAYABLE TO "CITY OF PALM BAY"

A.) Residential Alarm User Information: (Residential alarm users, please complete Sections A, B and D through H.)

Alarm User Name: _____
First Name Last Name

Alarm Location: _____
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

City State Zip Code Gate Code
() () ()
Home Phone Work Phone Cell Phone or Pager Email Address

B.) Residential and Commercial alarm users must complete:

Type of Alarm (check all that apply): Intrusion [] Panic [] Medical [] Robbery [] Audible [] Fire/Smoke []

C.) Commercial Alarm User Information: (Commercial alarm users, please complete Sections B through H.)

Name of Corporation, Sole Proprietor or Partners
Trade Name(s) Used by Business

Alarm Location: _____
Street Number Street Prefix Street Name Street Suffix Suite/Apt. No.

City State Zip Code Business Phone Number

Local Manager: _____
First Name Last Name

() () ()
Home Phone Work Phone Cell Phone or Pager Email Address

D.) Mailing Address: (If different from Location of Alarm System)

E.) Contact Information: (List two people, other than the owner, who can respond to an alarm activation.)

1st Contact Name: _____
First Name Last Name

() () ()
Home Phone Work Phone Cell Phone or Pager Email Address

2nd Contact Name: _____
First Name Last Name

() () ()
Home Phone Work Phone Cell Phone or Pager Email Address

F.) Alarm Install/Service Company: _____
License No. Contact Person: Phone ()

G.) Alarm Monitoring Company: _____
License No. Contact Person: Phone ()

H.) Special Conditions: (List hazardous conditions/materials, guard dogs, security personnel, weapons, directions to alarm site, etc.)

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all the provisions of the City of Palm Bay Code and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise. I have read the information on Palm Bay's False Alarm Reduction Program. Permit/registration of an alarm system is not intended to, nor will it, create a contract, duty or obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By permitting/registering an alarm system, the alarm user acknowledges that police response may be based on factors such as availability of police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

Date: _____ Signature: _____

www.palmbayflorida.org

* Instructions for completion of form on back page

FOR DEPARTMENT USE ONLY
CK#
MO#
EFT#
AMT \$
DATE

Instructions for Completion of Alarm User Permit/Registration Form

Section A – To be completed by *Residential* alarm users only

Alarm User Name: First and last name of the *residential* alarm user. List both spouses, if applicable.

Alarm Location: Complete street address, including directional prefixes, where the alarm is located. Indicate the home, work and cell or pager (cell is preferable) numbers of the alarm user, as well as one email address where the alarm user can receive correspondence. If no email address is available, leave blank.

Section B – To be completed by both *Residential and Commercial* alarm users.

Section C - To be completed by *Commercial* alarm users only.

First Line: Indicate the full legal corporate name of the business. If the business is a sole proprietorship or partnership, list the name of the owner or one partner.

Second Line: List any trade names used by the business if different from the corporation name, owner or partner's name.

Alarm Location: Complete street address, including directional prefixes, where the alarm is located. Indicate the business phone number at the alarmed location.

Owner or President: List the first and last name of the president, owner or person responsible on a corporate level for the alarm system at the alarm address. Indicate the home, work and cell or pager (cell is preferable) numbers of the business owner, president or partner, as well as one email address where this person can receive correspondence. If no email address is available, leave blank.

Local Manager: List the first and last name, home, work and cell or pager (cell is preferable) numbers and email address for the local manager at the alarm site.

Section D – To be completed by both *Residential and Commercial* alarm users

Mailing Address: Indicate separate mailing address if different from the alarm location.

Section E – To be completed by both *Residential and Commercial* alarm users

Contact Information: Contacts are persons, who should be contacted in the event of an alarm, and who are willing and have agreed to receive notification of an alarm activation at any time, respond to the alarm site within (*specify time limit*), grant access to the alarm site and deactivate the alarm system if such becomes necessary. Two separate contact persons are required. Provide home, work and cell or pager (cell is preferable) numbers, as well as email addresses of contacts.

Section F – To be completed by both *Residential and Commercial* alarm users

Alarm Install/Service Company: List the name of the company that either installed or services your alarm system. Include the alarm company's license number, contact person and the best phone number at which to reach this individual. Check your contract or contact your alarm company for the information.

Section G – To be completed by both *Residential and Commercial* alarm users

Alarm Monitoring Company: List the name, license number, contact person and phone number of the company that monitors your alarm system and requests public safety dispatch on your behalf. If same as install or service company, leave blank.

Section H – To be completed by both *Residential and Commercial* alarm users

Special Conditions: Indicate any unusual circumstances that should be considered when responding to an alarm at the permitted alarm address such as: handicapped person(s), guard dog on site, hazardous conditions/materials, security personnel, weapons, directions to alarm site, etc.

Signature Line: *A responsible residential alarm user or the president, owner, partner or local manager of a commercial alarm user must sign this form.*



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BUSINESS TAX RECEIPTS

SCHEDULE OF FEES

Prior to August 1st of each year, annual renewal notices will be sent to each business holding a current City of Palm Bay Business Tax Receipts. Failure to receive notice will not be considered a justifiable defense for nonpayment of the annual receipt fee or late payment fee.

Business Tax Receipts must be renewed **before October 1st** of each year.

Late Payment Fees

Receipts not renewed by October 1st are delinquent and are subject to the following penalty schedule.

<u>Date Renewed</u>	<u>Total Cost</u>
Oct. 1 – Oct. 31	Annual Receipt Fee + 10%
Nov. 1 – Nov. 30	Annual Receipt Fee + 15%
Dec. 1 - Dec. 31	Annual Receipt Fee + 20%
Jan. 1 – Feb. 28	Annual Receipt Fee + 25%
Mar. 1 – Sep. 30	Annual Receipt Fee + 25%

Half Year Fee

For each receipt obtained by any new business between April 1 and September 14 of any year, one-half (1/2) of the fee for one (1) year shall be paid. Any new business obtaining a receipt between September 15 and September 30 may operate under the authority of its 'next year' (October 1 – September 30) receipt.

Transfer Fee

A Receipt may be transferred upon surrender of the original receipt, and proof of sale of the business.

Cost: a) 10% of the annual receipt fee, or
b) \$25.00 (whichever is less)

Duplicate Receipt Fee

A current receipt may be duplicated in the event of lost, theft, or defacement.

Cost: a) 10% of the annual receipt fee, or
b) \$25.00 (whichever is less)

Refund of Fees

No portion of any fee will be refunded, except if the fee is collected by mistake or in error. No refunds will be made after the expiration of the receipt year for which it was issued.