



TOWN OF ORCHID

TOWN OF ORCHID BUSINESS TAX REGISTRATION

PHONE: (772) 581-2770 FAX: (772) 581-2771
7707 US HIGHWAY 1, SUITE 3, VERO BEACH, FL 32967

1. NAME OF BUSINESS: _____
FICTITIOUS NAME: _____ SOLE PROPRIETOR: _____ INCORPORATED: _____
FEIN #: _____
2. BUSINESS ADDRESS: _____
3. BUSINESS PHONE: _____
4. MAILING ADDRESS (IF DIFFERENT FROM BUSINESS): _____
5. BUSINESS OWNER'S NAME: _____
HOME ADDRESS: _____ HOME PHONE: _____
DATE OF BIRTH: _____ DRIVERS LICENSE #: _____
6. EMERGENCY TELEPHONE NUMBERS TO CALL AFTER HOURS:
 1. NAME: _____ TELEPHONE #: _____
 2. NAME: _____ TELEPHONE #: _____
7. CHECK THE FOLLOWING:
NEW BUSINESS LICENSE: _____ TRANSFER OF LOCATION: _____
TRANSFER OF OWNERSHIP: _____
8. EXPLAIN TYPE OF OPERATION AT THIS LOCATION: _____

9. FILL IN APPLICABLE INFORMATION BELOW:

Retail Sales: Average Inventory Amount: _____	Coin Operated Machines (# of Machines)
Restaurants: # of Seats: _____	Juke Box _____ Amusement Machines _____
Fuel Station: # of Nozzle/Outlets: _____	Video Games _____ Pool Tables _____
State License#: _____	Other _____ Washers & Dryers _____

NOTE: THIS REGISTRATION **DOES NOT AUTHORIZE** OCCUPANCY OF THE BUSINESS PREMISES UNTIL INSPECTED AND **DOES NOT AUTHORIZE** ANY ALTERATION WORK OR SIGNAGE WITHOUT FIRST OBTAINING THE REQUIRED PERMITS FROM THE BUILDING DEPARTMENT.

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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 TOWN OF ORCHID 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 TOWN OF ORCHID. 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.

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY

TAX CLASSIFICATION: _____ FEE AMOUNT: _____ RECEIPT # _____

CONTROL #: _____ TRANSFERRED FROM CONTROL #: _____

ISSUED BY: _____ DATE: _____