

**CITY OF VERO BEACH PLANNING DEPARTMENT**  
**1053 20<sup>TH</sup> PLACE - P.O. BOX 1389, VERO BEACH, FL 32961-1389**  
**(772) 978-4550 - [FAX (772) 778-3856] – [planning@covb.org](mailto:planning@covb.org)**

**APPLICATION FOR CITY LOCAL BUSINESS TAX**

Tax: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Acct #: \_\_\_\_\_

Category: Professional Sales Mfg, Fab/Proc. Service Miscellaneous

I, the undersigned, hereby make application for the following (please print or type):

Type of Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Name & Home Address of Applicant: \_\_\_\_\_

Business Location (applies to one location only; post office box cannot be used):  
\_\_\_\_\_

Mail Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

State License Number (if required): \_\_\_\_\_

Square Footage: \_\_\_\_\_ Restaurant Seats: \_\_\_\_\_ Number of Apartment Units: \_\_\_\_\_

Date of Start of Business (at this location): \_\_\_\_\_

Previous Occupant: \_\_\_\_\_

**Please note the following:**

- 1. New signs or modifications to existing signs require permits through this office.**
- 2. Any changes to the local business tax must be reported to this office as they occur.**
- 3. Internal modifications require a building permit through the IRC Building Dept.**

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that tax receipts obtained on a misrepresentation of material fact are null and void.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Zoning: \_\_\_\_\_