

**TOWN OF INDIAN RIVER SHORES
LOCAL BUSINESS TAX APPLICATION**

DATE: _____

BUSINESS NAME: _____

D/B/A: _____

OWNER'S NAME: _____

BUSINESS LOCATION ADDRESS: _____

MAILING ADDRESS: (If different from location) _____

TELEPHONE: _____ EMAIL: _____

NATURE OF BUSINESS: _____

HOME BASED BUSINESS: Yes No (Check one)
(If yes, refer to Indian River Shores Code of Ordinances Sec. 161.12.-Home Occupations).

RETAIL ONLY: _____ SQUARE FEET OF FLOOR SPACE
\$ _____ INVENTORY (Per IRC Property Appraiser Tax Roll)

DRIVER'S LICENSE #: _____

FEDERAL EMPLOYER ID: _____

OWNER SIGNATURE: _____

NOTARY REQUIRED

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

The forgoing document was acknowledged before me this _____ day of _____, 20____, by
_____ who is personally known to me or who has produced
_____ as identification.

(affix seal)

X

Notary Public

****SO WE MAY UPDATE OUR RECORDS, PLEASE MAKE ANY CHANGES AND ATTACH COPIES OF ALL REQUIRED STATE AND MUNICIPAL LICENSING APPLICABLE TO YOUR BUSINESS.**