



MALABAR COMMERCIAL BUSINESS TAX RECEIPT APPLICATION

Office of the Town Clerk
(321) 727-7764 x 12

2725 Malabar Road
Malabar, FL 32950-4427

DATE RECEIVED _____ **CLERK** _____

(Applicant to complete this section – Please type or print legibly)

APPLICANT'S NAME _____ **Email:** _____

SOCIAL SECURITY NUMBER _____ **or FED ID (FEIN)** _____

BUSINESS OWNER'S NAME (if different than applicant) _____ **TELEPHONE** _____

ADDRESS _____
(No. & Street) (City) (State) (Zip)

BUSINESS NAME _____ **TELEPHONE** _____

MAILING ADDRESS _____
(No. & Street) (City) (State) (Zip)

PHYSICAL ADDRESS OF BUSINESS (if different than mailing address) _____
(No. & Street) (City) (State) (Zip)

APPLICANT MUST PROVIDE COPIES OF FEDERAL, STATE, AND/OR COUNTY CERTIFICATES, LICENSES OR RECEIPTS TO SUPPORT THIS REQUEST FOR APPLICATION.

TYPE OF BUSINESS APPLYING FOR (PROVIDE A BRIEF DESCRIPTION OF BUSINESS ACTIVITY)

APPLICANT'S SIGNATURE _____ **DATE** _____

Do Not Write Below This Line

BUILDING OFFICIAL APPROVAL: [] YES [] NO **SIGNATURE** _____ **DATE** _____

BTR CLASS NO. _____ **FEE \$** _____ **BTR NO. ASSIGNED** _____

FIRE OFFICIAL APPROVAL: [] YES [] NO **SIGNATURE** _____ **DATE** _____

FIRE OCCUPANCY CLASS _____ **ANNUAL FIRE INSPECTION FEE** _____

DATE APPL. CONTACTED _____ **DATE BTR ISSUED** _____ **CHECK #** _____



TOWN OF MALABAR – FIRE PREVENTION BUREAU
2725 Malabar Road
Malabar, FL 32950
Ph: 321-725-5261 Fax: 321-727-9997

OCCUPANCY INFORMATION FORM:

Effective Date: _____

Name of Business: _____

Owner's Name: _____

Address: _____

Business Phone: _____ Business Fax: _____

Home Phone: _____ Cell Phone: _____

List below in order of importance the individuals to call in case of an emergency.
 Please indicate whether or not they have keys to access the building.

Name: _____ Position: _____
 Phone: _____ Cell Phone: _____ Keys: YES ___ NO ___

Name: _____ Position: _____
 Phone: _____ Cell Phone: _____ Keys: YES ___ NO ___

Name: _____ Position: _____
 Phone: _____ Cell Phone: _____ Keys: YES ___ NO ___

To Schedule Inspections:

Name: _____ Position: _____
 Phone: _____ Cell Phone: _____ Keys: YES ___ NO ___

Name: _____ Position: _____
 Phone: _____ Cell Phone: _____ Keys: YES ___ NO ___

If any of this information changes throughout the year, please notify the Town of Malabar immediately at the phone number listed above.

Office Use Only

Fire House Entry: ____ / ____ / ____
 Inspection Date: ____ / ____ / ____ Time: ____ / ____ / ____