

**West Office**  
Vero West Commercial Center  
1860 82<sup>nd</sup> Avenue, Suite 102  
Vero Beach, Florida  
(772) 770-5380



**Sebastian Office**  
Sebastian Square  
11610 US Highway 1  
Sebastian, Florida  
(772) 388-6034

**Carole Jean Jordan, CFC**

*Tax Collector of Indian River County*

**Main Office** – 1800 27<sup>th</sup> Street - Building B  
PO Box 1509, Vero Beach, Florida 32961-1509  
**Phone: (772) 226-1358 OR (772) 226-1343**  
Fax (772) 226-1965

**LOCAL BUSINESS TAX**  
*(Unincorporated Areas Only)*

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

To the Tax Collector of Indian River County, Florida:

Application is hereby made for the privilege of engaging in the business, profession or occupation hereinafter described for the period designated. A Local Business Tax for this privilege has been levied by Indian River County pursuant to Chapter 205 Florida Statute.

BUSINESS NAME if any: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_  
*(If corporation, list officers)*

BUSINESS MAILING ADDRESS: \_\_\_\_\_  
*(Address) (City) (State) (Zip)*

BUSINESS LOCATION ADDRESS: \_\_\_\_\_  
*(Street Address) (City) (State) (Zip)*

HOME ADDRESS: \_\_\_\_\_  
*(Street Address) (City) (State) (Zip)*

NATURE OF BUSINESS: \_\_\_\_\_

TELEPHONE: Corporation: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Residence: ( ) \_\_\_\_\_

WHEN WILL/DID YOUR BUSINESS START IN THIS COUNTY? \_\_\_\_\_

STATE SALES TAX NUMBER: \_\_\_\_\_

FEDERAL ID OR SOCIAL SECURITY NUMBER: \_\_\_\_\_  
*(Social Security Number will be redacted if public records request is made)*

**The Tax Collector of Indian River County collects your social security number on behalf of the Indian River County Board of County Commissioners pursuant to Florida Statutes Section 205.0535(5) that provides "A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed."**

By signing below, I acknowledge that I have read and understand that it is my responsibility to be in compliance with the following: This receipt is in addition and not in lieu of any other license required by law or municipal or county ordinance, and is subject to regulations of zoning, health and any other lawful authority. Owner must notify the Tax Collector's Office of any changes in business name, ownership, location address or mailing address. I do hereby certify that the above statements are true and correct. It is a misdemeanor of the first degree to falsify or avoid any statement made herein (Section 839.13 Florida Statute).

**SIGNATURE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

NEW OR  TRANSFER

ACCOUNT NUMBER ASSIGNED: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

\_\_\_\_\_ CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_

