



Carole Jean Jordan, CFC
Tax Collector of Indian River County

NEW BUSINESS CHECK LIST

<input type="checkbox"/> LOCAL BUSINESS TAX	<p>For businesses located in the unincorporated section of the County <u>A Local Business Tax Receipt must be obtained from:</u></p> <p>Tax Collector's Office of Indian River County:</p> <ul style="list-style-type: none"> * Main Office 1800 27th Street, Building B, Vero Beach, FL (772) 226-1343 * West Office 1860 82nd Avenue, Suite 102, Vero Beach, FL * Sebastian Office 1921 US Highway 1, Sebastian, FL * Oceanside Office 3003 Cardinal Drive, Suite C, Vero Beach, FL <hr/> <p>For businesses located within City limits, contact the appropriate City for information:</p> <ul style="list-style-type: none"> * City of Fellsmere 22 South Orange Street, Fellsmere, FL (772) 646-6314 * City of Sebastian 1225 Main Street, Sebastian, FL (772) 589-5330 * City of Vero Beach 1053 20th Place, Vero Beach, FL (772) 978-4550 * Town of Indian River Shores 6001 North SR A1A, Indian River Shores, FL (772) 231-4453 * Town of Orchid 7707 US Highway 1, Vero Beach, FL (772) 581-2770
<input type="checkbox"/> ZONING	<p>To determine if the location and/or building conforms to zoning ordinances for the type of business contemplated, check with the County Zoning Department at 1801 27th Street – Building A, Vero Beach, FL — Phone (772) 226-1259. Also, for businesses operating from your home, a Home Occupation Permit is required from the Zoning Department – Phone (772) 226-1249.</p>
<input type="checkbox"/> STATE	<p>To obtain a State Sales Tax Number, you must contact the Florida Department of Revenue, General Tax Administration, 337 North US Highway 1, Suite 207, Benton Building, Ft. Pierce, FL 34950 (772) 429-2900 or (800) 352-3671.</p>
<input type="checkbox"/> FEDERAL	<p>To obtain a Federal I.D. Number, you must contact the Internal Revenue Service at (800) 829-4933 or www.irs.gov.</p>
<input type="checkbox"/> CORPORATIONS	<p>If the business is to be incorporated, contact the Florida Department of State, Division of Corporations, Corporate Filings, PO Box 6327 Tallahassee, FL 32314 Phone: (850) 245-6052 or www.sunbiz.org.</p>
<input type="checkbox"/> FICTITIOUS NAME	<p>A Fictitious Name Registration is required in order to receive a Local Business Tax Receipt unless; the business uses their corporation name as stated in their Articles of Incorporation, a sole proprietor using their legal first and last name as it appears on their drivers license, an individual attorney doing business in his legal name as a professional association or a business licensed by the Department of Business and Professional Regulation that is doing business in the business name as it appears on the state license. Contact the Florida Department of State, Fictitious Name Registration, PO Box 1300, Tallahassee, FL 32302-1300 Phone (850) 245-6058 or www.sunbiz.org.</p>
<input type="checkbox"/> HOTELS, MOTELS, & RESTAURANTS	<p>Contact the Division of Hotels and Restaurants at (850) 487-1395 prior to obtaining your Local Business Tax Receipt.</p>
<input type="checkbox"/> MOTOR VEHICLE REPAIR	<p>Contact the Department of Agriculture & Consumer Services at (800) 435-7352 to obtain your Motor Vehicle Repair Registration. Also required, is clearance from the Environmental Health office at 1900 27th Street, Vero Beach, FL 32960 – Phone: (772) 794-7440.</p>
<input type="checkbox"/> DEPARTMENT OF AGRICULTURE	<p>Anyone selling food (convenience store, grocery store, bakery, ice cream parlor, sandwich truck, fish or meat market, food warehouse, etc.) needs to call the Department of Agriculture at (800) 435-7352 for an inspection/state license.</p>

Main Office
County Administration Complex
1800 27th Street, Building B
Vero Beach, Florida



Sebastian Office
Sebastian Corners
1921 US Highway 1
Sebastian, Florida

West Office
Vero West Commercial Center
1860 82nd Avenue, Suite 102
Vero Beach, Florida

Carole Jean Jordan, CFC
Tax Collector of Indian River County
PO Box 1509, Vero Beach, Florida 32961-1509
Phone: (772) 226-1358 OR (772) 226-1343

Oceanside Office
Oceanside County Complex
3003 Cardinal Drive, Suite C
Vero Beach, Florida

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: _____