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 to complete this section – Please type or print legibly)

CLERK

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: _____ / _____ / _____