NEW BUSINESS CHECK LIST

☐ LOCAL BUSINESS TAX

For businesses located in the unincorporated section of the County
A Local Business Tax Receipt must be obtained from:

Tax Collector's Office of Indian River County:

* Main Office 1800 27th Street, Building B, Vero Beach, FL (772) 226-1358
* West Office 1860 82nd Avenue, Suite 102, Vero Beach, FL (772) 770-5380
* Sebastian Office 1921 US Highway 1, Sebastian, FL (772) 388-6034
* Oceanside Office 3003 Cardinal Drive, Suite C, Vero Beach, FL (772) 234-2710

For businesses located within City limits, contact the appropriate City for information:

* 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

☐ ZONING

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.

☐ STATE

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.

☐ FEDERAL

To obtain a Federal I.D. Number, you must contact the Internal Revenue Service at (800) 829-4933 or www.irs.gov.

☐ CORPORATIONS

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.

☐ FICTITIOUS NAME

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.

☐ HOTELS, MOTELS, & RESTAURANTS

Contact the Division of Hotels and Restaurants at (850) 487-1395 prior to obtaining your Local Business Tax Receipt.

☐ MOTOR VEHICLE REPAIR

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.

☐ DEPARTMENT OF AGRICULTURE

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.
LOCAL BUSINESS TAX
(Unincorporated Areas Only)

PLEASE PRINT

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: _________________________________

(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: _______________

(The 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: ________

Revised 10/25/2019