



**MALABAR BUSINESS TAX RECEIPT APPLICATION**

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

2725 Malabar Road  
Malabar, Fl. 32950-4427

**DATE RECEIVED** \_\_\_\_\_  
(Applicant 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 from applicant)  
\_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)

BUSINESS NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)

PHYSICAL ADDRESS OF BUSINESS (If different from mailing address)  
\_\_\_\_\_ (No. & Street) (City) (State) (Zip)

**APPLICANT MUST PROVIDE COPIES OF FEDERAL, STATE, AND/OR COUNTY CERTIFICATES, LICENSES OR RECEIPTS RECEIVED 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: THIS APPLICATION IS [ ] IS NOT [ ] IN COMPLIANCE WITH ORDINANCE #87-5.

SPECIAL LIMITATIONS / RESTRICTIONS ASSIGNED BY THE TOWN OF MALABAR:  
\_\_\_\_\_  
\_\_\_\_\_

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 (# \_\_\_\_\_)