



CITY OF INDIAN ROCKS BEACH
1507 Bay Palm Blvd, Indian Rocks Beach FL 33785
Ph 727/517-0404 Fax 727/596-4759

BUSINESS REGISTRATION APPLICATION

**THIS APPLICATION MUST BE TYPED OR PRINTED
ATTACH COPY OF STATE & PCCLB LICENSES**

*IF YOU **DO NOT** HOLD A FLORIDA STATE LICENSE -
There is a \$10.00 Annual Business Registration Fee,
Renewable October 1st of each year.*

Business Name _____

Address _____

City: _____ Zip _____

Ph () _____ Cell Ph () _____

E-mail address _____

License Holder's Name _____

FL State Lic. # _____ *Exp.* _____

PCCLB Lic. # _____ *Exp.* _____

Type of Business (specialty) _____

***** YOU MUST ATTACH OR FAX LEGIBLE COPIES OF YOUR LICENSES *****

Fill in below – only if applicable

PERMIT RELEASE AUTHORIZATION

The below listed persons are authorized to apply for and obtain permits for the above company.

Please print first & last name *only*.

1 _____

2 _____

3 _____

4 _____

THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Applicant's Signature

Print Name

Title

Date