



CITY OF INDIAN ROCKS BEACH

1507 Bay Palm Boulevard
Indian Rocks Beach, FL 33785

Building Dept. Phone (727) 517-0404
Building Dept. Fax (727) 596-4759

APPLICATION FOR BUSINESS REGISTRATION

**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.

(must be typed or printed)

- 1. Business Name _____
- 2. Business Address _____
 City: _____ Zip: _____
- 3. Business Phone (____) _____ Cell Phone (____) _____
- 5. License Holder's Name _____
- 6. FL State Lic. # _____ exp. _____ PCCLB Lic. # _____ exp. _____
- Type of Business (specialty) _____

***** YOU MUST FAX LEGIBLE COPIES OF YOUR LICENSES *****
PCCLB LICENSE MUST BE ENLARGED BEFORE FAXING

Fill in below – only if applicable

PERMIT RELEASE AUTHORIZATION (must be typed or printed)

The below listed persons (four or less) are authorized to apply for and obtain permits for the above company from the City of Indian Rocks Beach.

Please list first & last name only.

- 1/ _____ 2/ _____
- 3/ _____ 4/ _____

THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Signature of Applicant	Print Name	Title	Date