

For Administrative Use Only		
Home		Commercial
LBTR #:		



## CITY OF SATELLITE BEACH ONLINE DIRECTORY

Dear Business Owner,

The City of Satellite Beach would like to include all local businesses on our website. There is no cost to you as a business owner, although, we need your permission to include you on our list. Please fill out this form and check the category that best describes your business. **Be sure to sign and date** this form and return it to us with your local business tax receipt payment.

Business Owner: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: (\_\_\_\_)- \_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Please check category that applies)

- |  |  |
|--|--|
| <input type="checkbox"/> Attorney<br><input type="checkbox"/> Accounting / Bookkeeping<br><input type="checkbox"/> Banking / Finance / Mortgage<br><input type="checkbox"/> Barber<br><input type="checkbox"/> Cleaning<br><input type="checkbox"/> Computer Related Service<br><input type="checkbox"/> Consultant<br><input type="checkbox"/> Contractor / Air & Heat<br><input type="checkbox"/> Contractor / Building<br><input type="checkbox"/> Contractor / Electric<br><input type="checkbox"/> Contractor / Fencing<br><input type="checkbox"/> Contractor / Framing<br><input type="checkbox"/> Contractor / Irrigation<br><input type="checkbox"/> Contractor / Painting<br><input type="checkbox"/> Contractor / Plumbing<br><input type="checkbox"/> Contractor / Pool<br><input type="checkbox"/> Contractor / Roofing<br><input type="checkbox"/> Contractor / Tile, Floor Covering | <input type="checkbox"/> Contractor / Window, Door<br><input type="checkbox"/> Cosmetology / Salon<br><input type="checkbox"/> Dentist<br><input type="checkbox"/> Handyman / Minor Repairs<br><input type="checkbox"/> Health Care<br><input type="checkbox"/> Insurance<br><input type="checkbox"/> Lawn Care / Horticulture<br><input type="checkbox"/> Lodging / Rentals<br><input type="checkbox"/> Pet Care<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Photography<br><input type="checkbox"/> Physicians<br><input type="checkbox"/> Pool Care<br><input type="checkbox"/> Real Estate / Title Company<br><input type="checkbox"/> Restaurant / Bar<br><input type="checkbox"/> Retail Sales<br><input type="checkbox"/> Service<br><input type="checkbox"/> Travel Agent |
|--|--|

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_