

Small Business Acuity Registration

Business Name:	
Business Street Address:	
City: Sta	
Business Telephone:	
Business Website:	
Type of business: Service Retail R	estaurant Non-profit Other (circle one)
Passholder's Name:	Title:
Personal Mailing Address:	
City: Stat	te: Zip:
Personal Cell Phone:	<u> </u>
Florida Driver's License or I.D. Car	rd Number:
Business Email Address:	
Personal Email Address:	
Number of Employees: Hov	w Many are Remote:
entrepreneurs in Volusia Coun Business Pass must have their ov of the services available at each	ssues Acuity Business Passes to small businesses and aty. Each organization employee utilizing the Acuity vn individual pass. Acuity Pass holders have access to all a library branch which may include meeting rooms (no inputers, fax machines, printers, 3D printers, and more.
Signature	Date

This form may be emailed directly to vcplinfo@volusia.org or brought to any Volusia County library branch.