



"The Capital City of the Palm Beaches"

CONSTRUCTION SERVICES DEPARTMENT

200 2nd St

West Palm Beach, FL 33401

Telephone: 561/805-6700

FAX: 561/805-6676

Rev. 06/18/08

FOR OFFICE USE ONLY	
RECEIPT #	_____
BUSINESS #	_____

BUSINESS TAX APPLICATION/CERTIFICATE OF USE

WARNING: THIS IS NOT A BUSINESS TAX RECEIPT OR CERTIFICATE OF USE

PCN# (REQUIRED) _____ - _____ - _____ - _____ - _____ - _____

BUSINESS NAME: _____

MANAGER/APPLICANT'S NAME _____ (If corporation must include all officers)

FEDERAL ID# OR SOCIAL SECURITY #: _____ AS REQUIRED PER FS 205.0535(5)

OWNER _____ TITLE _____

DATE OF BIRTH _____ DRIVER'S LICENSE# _____ ST: _____

BUSINESS ADDRESS: _____ SUITE # _____ CITY: _____ ST: _____ ZIP: _____

BUSINESS PHONE: () _____ E-MAIL ADDRESS _____

MAILING ADDRESS: _____ SUITE # _____ CITY: _____ ST: _____ ZIP: _____

DESCRIBE NATURE OF BUSINESS: _____

PLEASE INCLUDE ANY APPLICABLE INFORMATION BELOW

STATE LICENSE OR FLORIDA BAR CARD # _____

SQ. FT. _____ INVENTORY AMOUNT \$ _____ # OF PERSONS _____ # OF SEATS _____

OF MACHINES _____ # OF VEHICLES _____ # OF AMUSEMENT DEVICES/POOL TABLES _____

HAVE YOU BEEN ISSUED A NOTICE OF VIOLATIONS? YES OR NO **(PLEASE CIRCLE ONE)**

HAS THIS BUSINESS BEEN TAXED WITHIN THE CITY BEFORE? YES OR NO **(PLEASE CIRCLE ONE)**

WHERE? _____ WHEN? _____

IS BUSINESS A HOME OCCUPATION? YES OR NO **(PLEASE CIRCLE ONE)** IF YES, PLEASE SEE HOME OCCUPATION AFFIDAVIT

1. THE PLACE OF BUSINESS MUST BE OPEN TO ALL INSPECTORS
2. CERTIFICATE OF USE FEE IS NON-REFUNDABLE
3. IT IS THE APPLICANT'S RESPONSIBILITY TO FOLLOW UP ON THIS PROCESS.
4. DO NOT OPERATE A BUSINESS WITHOUT A BUSINESS TAX RECEIPT AND CERTIFICATE OF USE

****IMPORTANT INFORMATION****

YOUR FIRST STEP IN OBTAINING A BUSINESS TAX RECEIPT IS TO HAVE **ZONING APPROVAL** TO VERIFY THAT THE PROPERTY LOCATION IS PROPERLY ZONED FOR THE PROPOSED BUSINESS ACTIVITY. AFTER ZONING APPROVAL YOU MUST OBTAIN CODE ENFORCEMENT AND FIRE INSPECTIONS.

ANY AND ALL CHANGES TO THE INFORMATION AS PROVIDED IN THIS BUSINESS TAX INFORMATION SHEET SHALL BE SUBMITTED IMMEDIATELY TO THE CONSTRUCTION SERVICES DEPARTMENT.

I certify that all the above information is true and correct, and I understand that any false statements constitute a violation of Florida State Statutes § 832.02 and will result in the revocation or denial of Certificate of Use and prosecution in accordance with the law. I hereby agree to operate the above-described business in accordance with all the laws of the State of Florida and the laws and ordinances of the City of West Palm Beach. Furthermore, I understand that the issuance of this business tax receipt is conditioned upon the compliance with all ordinances and the results of any investigations of the above described business.

APPLICANT'S SIGNATURE: _____

PRINTED NAME: _____

**SIGNATURES MUST BE ORIGINAL
APPLICATION MAY NOT BE FAXED**

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ASSISTED BY:	_____
SIC #:	_____
KIND CODE #:	_____

OBTAINING CODE ENFORCEMENT AND/OR FIRE INSPECTIONS DOES NOT CONSTITUTE PERMISSION TO OPERATE THE BUSINESS WITHOUT ZONING APPROVAL.

	PCN NUMBER – OBTAIN ON-LINE AT THE PROPERTY APPRAISER'S WEB SITE WWW.PBCGOV.COM/PAPA OR CALL 561-355-2890
	FIRST STEP APPROVAL OF THE CITY ZONING DEPARTMENT (LOCATED ON THE 5 TH FLOOR CITY HALL)
	INSPECTION FOR SIGN-OFF OF APPLICATION BY THE CONSTRUCTION SERVICES DEPT AT (561) 805-6690 CHANGE OF OCCUPANCY OR ANY ALTERATIONS TO THE BUILDING INTERIOR, EXTERIOR OR SIGNAGE MAY REQUIRE A PERMIT
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE FIRE DEPARTMENT AT 561-804-4724
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE CODE ENFORCEMENT DEPT. AT 561-822-1465
	APPROVAL OF THE CITY OF WPB POLICE DEPT. (SEE ATTACHED SCHEDULE). TAKE ARTICLE OF INC. OR FICTITIOUS NAME
	COPY OF ARTICLE OF INC. REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE)
	COPY OF FICTITIOUS NAME REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE)
	COPY OF BUSINESS TAX RECEIPT FOR BUSINESS LOCATED OUTSIDE CITY LIMITS
	COPY OF STATE LICENSE, FLORIDA BAR CARD
	COPY OF STATE LICENSE FOR ALCOHOL
	COPY OF DIVISION OF HIGHWAY & MOTOR VEHICLES (STATE LICENSE) IF APPLICABLE
	COPY OF BILL OF SALE IF CHANGE OF OWNER
	COPY OF LEASE AGREEMENT
	ORIGINAL NOTARIZED LETTER FROM PROPERTY OWNER IF BUSINESS LOCATION IS RENTED
	COPY OF 501(C)3 UNDER BUSINESS NAMES
	PLEASE READ, SIGN AND NOTARIZE HOME OCCUPATION AFFIDAVIT
	ORIGINAL PALM BEACH COUNTY APPLICATION

PCN# (REQUIRED) _____ - _____ - _____ - _____ - _____ - _____ - _____

BUSINESS ADDRESS _____

FOR CITY OF WEST PALM BEACH OFFICE USE ONLY

ZONE: _____ **ZONE CATEGORY:** _____

ZONING:* _____ **DATE:** _____

ZONING/COU:* _____ **DATE:** _____

***CERTIFICATE OF USE REQ.** YES _____ NO _____

CODE ENF. _____ **DATE:** _____

BUILDING: _____ **DATE:** _____

FIRE: _____ **DATE:** _____

POLICE: _____ **DATE:** _____

DPBR/DACS: _____ **DATE:** _____

FEE:	_____
PENALTIES:	10% _____ 15% _____
	20% _____ 25% _____
CHANGE OF NAME:	_____
CHANGE OF OWNER:	_____
CHANGE OF LOCATION:	_____
ZONING FEE FOR COU:	_____
CERTIFICATE OF USE FEE:	_____
TOTAL TAXES/FEEES DUE:	_____

BLDG. OFFICIAL: _____ **DATE:** _____