



"The Capital City of the Palm Beaches"

CONSTRUCTION SERVICES DEPARTMENT

P O BOX 3366

West Palm Beach FL 33402

Telephone: 561/805-6700

FAX: 561/805-6676

Rev. 11/2006

<b>FOR OFFICE USE ONLY</b>	
LICENSE #	_____
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 #: \_\_\_\_\_

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**

<b>FOR OFFICE USE ONLY</b>	
ASSISTED BY:	_____
SIC #:	_____
KIND CODE #:	_____

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

	COMPLETE CITY APPLICATION (ALL HIGHLIGHTED)
	PCN NUMBER - CALL PALM BEACH COUNTY PROPERTY APPRAISER'S OFFICE AT <b>561-355-2890</b>
	<b>FIRST STEP</b> APPROVAL OF THE CITY <b>ZONING DEPARTMENT</b> (LOCATED ON THE <b>5<sup>TH</sup></b> FLOOR CITY HALL)
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE <b>FIRE DEPARTMENT</b> AT <b>561-804-4724</b>
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE <b>CODE ENFORCEMENT DEPT.</b> AT <b>561-822-1465</b>
	APPROVAL OF THE CITY OF <b>WPB POLICE DEPT.</b> (SEE ATTACHED) SCHEDULE. TAKE ARTICLE OF INC. OR FICTITIOUS NAME
	<b>COPY</b> OF <b>ARTICLE OF INC.</b> REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE)
	<b>COPY</b> OF <b>FICTITIOUS NAME</b> REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE)
	<b>COPY</b> OF <b>BUSINESS TAX RECEIPT</b> FOR BUSINESS LOCATED OUTSIDE CITY LIMITS
	<b>COPY</b> OF <b>STATE LICENSE</b>
	<b>COPY</b> OF <b>FLORIDA BAR</b> CARD
	<b>ORIGINAL</b> APPLICATION FOR ALCOHOL ( <b>WITH ZONING APPROVAL</b> ) LOCATED ON THE <b>5<sup>TH</sup></b> FLOOR OF CITY HALL
	<b>COPY</b> OF DIVISION OF HIGHWAY & MOTOR VEHICLES ( <b>STATE LICENSE</b> )
	<b>COPY</b> OF BILL OF SALES
	<b>COPY</b> OF LEASE AGREEMENT
	<b>ORIGINAL</b> NOTARIZED LETTER FROM PROPERTY OWNER
	<b>COPY</b> OF <b>501(C)3</b> UNDER BUSINESS NAMES
	PLEASE READ, SIGN AND NOTARIZE <b>HOME OCCUPATION AFFIDAVIT</b>
	<b>ORIGINAL</b> PALM BEACH COUNTY APPLICATION

**FOR CITY OF WEST PALM BEACH OFFICE USE ONLY**

**ZONE:** \_\_\_\_\_ **ZONE CATEGORY:** \_\_\_\_\_ **PENALTIES:** 10% \_\_\_\_\_ 15% \_\_\_\_\_  
 \_\_\_\_\_ 20% \_\_\_\_\_ 25% \_\_\_\_\_  
**ZONING:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **CHANGE OF NAME:** \_\_\_\_\_  
**CODE ENF.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **CHANGE OF OWNER:** \_\_\_\_\_  
**BUILDING:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **CHANGE OF LOCATION:** \_\_\_\_\_  
**FIRE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **CERTIFICATE OF USE FEE:** \_\_\_\_\_  
**POLICE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**DPBR/DACS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TOTAL TAXES/FEES DUE:** \_\_\_\_\_  
**BLDG. OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**DENIED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_