



"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. 06/2008

RECEIPT #: \_\_\_\_\_

BUSINESS #: \_\_\_\_\_

BUSINESS TAX RENTAL APPLICATION/CERTIFICATE OF USE

PCN# (REQUIRED) \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

RENTAL PROPERTY ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROPERTY OWNER'S INFORMATION (If a corporation, must include information for all officers):

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ ST \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_ OR SOCIAL SECURITY #: \_\_\_\_\_

AS REQUIRED BY FS205.0535(5)

TELEPHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY CODE SEC 22-31. DESIGNATION OF RESIDENT AGENT.

NO BUSINESS TAX RECEIPT SHALL BE ISSUED BY THE CITY FOR A RENTAL DWELLING LOCATED ON A RENTAL PREMISES UNLESS THE APPLICANT DESIGNATES IN WRITING TO THE CITY THE NAME, ADDRESS & LOCAL TELEPHONE NUMBER OF THE OWNER OR RESIDENT AGENT TO RECEIVE SERVICE OF NOTICE OF VIOLATION FOR THIS CODE.

THE OWNER MAY DESIGNATE AS HIS OR HER RESIDENT AGENT ANY NATURAL PERSON 18 YEARS OF AGE OR OLDER WHO IS CUSTOMARILY PRESENT AT A BUSINESS LOCATION WITHIN THE CITY OF WEST PALM BEACH FOR THE PURPOSES OF TRANSACTING BUSINESS, OR WHO ACTUALLY RESIDES WITHIN THE CITY OF WEST PALM BEACH.

DESIGNATED RESIDENT AGENT'S NAME: \_\_\_\_\_

PCN# (REQUIRED) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # WORK \_\_\_\_\_ HOME # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ ST \_\_\_\_\_

FOR OFFICE USE ONLY

ASSISTED BY: \_\_\_\_\_

SIC #: \_\_\_\_\_

KIND CODE #: \_\_\_\_\_

DATE

"An Equal Opportunity Employer"

# FEE SCHEDULE AND DEPARTMENTAL APPROVAL

Rev. 6/2008

RENTAL FEES:

VACATION RENTAL SHORT-TERM \* (PLEASE INDICATE) YES \_\_\_\_ NO \_\_\_\_

If yes, please include a copy of your State of Florida Resort Condominium or Dwelling License.

|   |         |   |           |   |         |
|---|---------|---|-----------|---|---------|
| RENTAL PROPERTY TYPE: SINGLE FAMILY DWELLING                          | #: ____ | X | 36.75     | = | \$ ____ |
| GARAGE APARTMENT(S)   | #: ____ | X | 36.75     | = | \$ ____ |
| (If garage apartment property may still be required to have a garage) |         |   |           |   |         |
| APARTMENT(S)  | #: ____ | X | 31.50     | = | \$ ____ |
| ROOMING HOUSE(S)  | #: ____ | X | 10.50     | = | \$ ____ |
| # OF ROOMS (X) \$10.50  |         |   |           |   |         |
| PENALTIES: 10% ____ 15% ____ 20% ____ 25% ____ \$ ____                |         |   |           |   |         |
| CHANGE NAME/OWNER   |         |   | \$25 EACH | = | \$ ____ |
| ZONING FEE  | =       |   | \$10.00   |   | \$ ____ |
| CERTIFICATE OF USE FEES: INITIAL APPLICATION FEE                      | =       |   | \$50.00   |   | \$ ____ |
| ANNUAL RENEWAL FEE  | =       |   | \$20.00   |   | \$ ____ |
|   |         |   | Total     |   | \$ ____ |

PCN# (REQUIRED) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

RENTAL LOCATION ADDRESS \_\_\_\_\_

FOR OFFICE USE ONLY

|                                  |               |             |
|----------------------------------|---------------|-------------|
| ZONING APPROVAL: _____           | DENIED: _____ | DATE: _____ |
| CODE ENFORCEMENT APPROVAL: _____ |               | DATE: _____ |
| CODE ENFORCEMENT DENIED: _____   |               | DATE: _____ |
| FIRE DEPARTMENT APPROVAL: _____  | DENIED: _____ | DATE: _____ |

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 PROPERTY 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 LICENSE IS CONDITIONED UPON THE COMPLIANCE WITH ALL ORDINANCES AND THE RESULTS OF ANY INVESTIGATIONS OF THE ABOVE DESCRIBED PROPERTY.

OWNER'S SIGNATURE: \_\_\_\_\_ RENTAL PROPERTY ADDRESS: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

*\*Vacation rental short-term means any dwelling unit or structure originally constructed for residential use that is used for temporary lodging and is listed with an agent, advertised or made available by referral, word of mouth, Internet, recommendation and/or reputation as a vacation or tourist rental and rented or made available for rent for a minimum of 7 consecutive days. Short-term vacation rentals shall possess a State of Florida Resort Condominium or Dwelling License.*

# BUSINESS TAX RENTAL CHECKLIST

|  |  |
|--|--|
|  | COMPLETE CITY APPLICATION  |
|  | PCN NUMBER - CALL PALM BEACH COUNTY PROPERTY APPRAISER'S OFFICE AT <b>561-355-2890</b>   |
|  | <b>FIRST STEP</b> APPROVAL OF THE CITY ZONING DEPARTMENT (LOCATED ON THE <b>3<sup>rd</sup></b> FLOOR CITY HALL)  |
|  | INSPECTION FOR SIGN OFF OF APPLICATION BY THE <b>FIRE DEPARTMENT (3 OR MORE UNITS UNDER SAME ROOF)</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>   |
|  | <b>COPY OF ARTICLES OF INC.</b> REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE)   |
|  | <b>COPY OF FICTITIOUS NAME</b> REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE)  |
|  | <b>COPY OF RECORDED WARRANTY DEED, TAX BILL OR SETTLEMENT DOCUMENTS FROM CLOSING PACKET (FOR RECENTLY PURCHASED PROPERTY)</b>  |
|  | <b>COPY OF STATE LICENSE (IF APPLICABLE) (5 OR MORE UNITS UNDER SAME ROOF OR SHORT-TERM VACATION RENTAL) – DEPARTMENT OF BUSINESS &amp; PROFESSIONAL REGULATION</b> AT <b>850-487-1395</b> |
|  | <b>COPY OF BILL OF SALE (FOR RECENTLY PURCHASED PROPERTY)</b>  |
|  | <b>ORIGINAL</b> PALM BEACH COUNTY APPLICATION  |
|  |  |