



"The Capital City of the Palm Beaches"



Construction Services Department
PO Box 3366
401 Clematis St
West Palm Beach FL 33401
Telephone: (561) 805-6700
Fax: (561) 805-6676

Rev. 04/2009

RECEIPT #: _____

BUSINESS #: _____

BUSINESS TAX RENTAL APPLICATION/CERTIFICATE OF USE

PCN# (REQUIRED) _____

BUSINESS NAME: _____

RENTAL PROPERTY ADDRESS: _____ APT #: _____

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 # OF DESIGNATED RESIDENT AGENT (REQUIRED)

ADDRESS: _____ APT _____

CITY: _____

TELEPHONE # WORK _____ HOME # _____

FOR OFFICE USE ONLY

ASSISTED BY: _____

SIC #: _____

KIND CODE #: _____

DATE

BUSINESS TAX RENTAL CHECKLIST

	COMPLETE CITY APPLICATION
	PCN NUMBER - CALL PALM BEACH COUNTY PROPERTY APPRAISER'S OFFICE AT 561-355-2890
	FIRST STEP APPROVAL OF THE CITY ZONING DEPARTMENT (LOCATED ON THE 2nd FLOOR CITY HALL, 401 CLEMATIS ST)
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE FIRE DEPARTMENT (3 OR MORE UNITS UNDER SAME ROOF) AT 561-804-4724
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE CODE ENFORCEMENT DEPT. AT 561-822-1465
	PLEASE READ, SIGN AND NOTARIZE ACKNOWLEDGEMENT OF LANDLORD/PROPERTY OWNER (SEE ATTACHED)
	COPY OF ARTICLES OF INC. REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE)
	COPY OF FICTITIOUS NAME REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE)
	COPY OF RECORDED WARRANTY DEED, TAX BILL OR SETTLEMENT DOCUMENTS FROM CLOSING PACKET (FOR RECENTLY PURCHASED PROPERTY)
	COPY OF STATE LICENSE (IF APPLICABLE) (5 OR MORE UNITS UNDER SAME ROOF OR SHORT-TERM VACATION RENTAL) – DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION AT 850-487-1395
	COPY OF BILL OF SALE (FOR RECENTLY PURCHASED PROPERTY)
	ORIGINAL PALM BEACH COUNTY APPLICATION

FEE SCHEDULE AND DEPARTMENTAL APPROVAL

Rev. 4/2009

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/TOWNHOUSE/CONDO	#: ____	X	38.59	=	\$ ____
GARAGE APARTMENT(S)	#: ____	X	38.59	=	\$ ____
(If garage apartment property may still be required to have a garage)					
APARTMENT(S)	#: ____	X	33.08	=	\$ ____
ROOMING HOUSE(S)	#: ____	X	11.57	=	\$ ____
# OF ROOMS (X) \$11.57					
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.*