

CONSTRUCTION SERVICES DEPARTMENT

P O BOX 3366

West Palm Beach FL 33402

Telephone: 561/805-6700

FAX: 561/659-8026

Rev. 10/20/03



"The Capital City of the Palm Beaches"

FOR OFFICE USE ONLY
LICENSE # _____
BUSINESS # _____

APPLICATION FOR OCCUPATIONAL LICENSE/CERTIFICATE OF USE

WARNING: THIS IS NOT A LICENSE 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: () _____

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 LICENSED WITHIN THE CITY BEFORE? YES OR NO (PLEASE CIRCLE ONE)

WHERE? _____ WHEN? _____

IS BUSINESS A HOME OCCUPATION? YES OR NO (PLEASE CIRCLE ONE)

IMPORTANT

- 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 AN OCCUPATIONAL LICENSE AND CERTIFICATE OF USE.

ANY AND ALL CHANGES TO THE INFORMATION AS PROVIDED IN THIS BUSINESS LICENSE 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 license is conditioned upon the compliance with all ordinances and the results of any investigations of the above described business.

APPLICANT'S SIGNATURE: _____

PRINTED NAME: _____

FOR OFFICE USE ONLY
ASSISTED BY: _____
SIC #: _____
KIND CODE #: _____

	COMPLETE CITY APPLICATION (ALL HIGHLIGHTED)
	PCN NUMBER (CALL PALM BEACH COUNTY PROPERTY APPRAISER'S OFFICE AT (355-2890)
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE FIRE DEPARTMENT AT (835-2910)
	INSPECTION FOR SIGN OFF OF APPLICATION BY CODE ENFORCEMENT DEPT. AT (835-7350)
	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 OCCUPATIONAL LICENSE FOR BUSINESS LOCATED OUTSIDE CITY LIMITS
	COPY OF STATE LICENSE OR FLORIDA BAR CARD
	COPY OF HEALTH DEPARTMENT PAPERS
	ORIGINAL APPLICATION FOR ALCOHOL (WITH ZONING APPROVAL) LOCATED ON THE 5 TH FLOOR OF CITY HALL
	COPY OF DIVISION OF HIGHWAY & MOTOR VEHICLES (STATE LICENSE)
	COPY OF BILL OF SALES
	COPY OF LEASE AGREEMENT
	ORIGINAL NOTARIZED LETTER FROM PROPERTY OWNER
	COPY OF 501C3 UNDER BUSINESS NAMES
	PLEASE READ, SIGN AND NOTARIZE HOME OCCUPATION AFFIDAVIT
	ORIGINAL PALM BEACH COUNTY APPLICATION

FOR CITY OF WEST PALM BEACH OFFICE USE ONLY

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