



Development Services Department
401 Clematis Street West Palm Beach Florida 33401
Phone: 561-805-6700 Fax: 561-805-6676
Email:businessstax@wpb.org

RETURN APPLICATION BY EMAIL AT Businessstax@wpb.org OR BY FAX AT 561-805-6676 OR IN PERSON AT 401 CLEMATIS STREET WEST PALM BEACH FLORIDA 33401
IF FAX OR EMAIL PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING. YOU WILL BE CONTACTED BY EMAIL WITH NEXT STEPS AND PAYMENT OPTIONS.

RENTAL TAX #: _____

RENTAL TAX APPLICATION/CERTIFICATE OF USE

PCN #: _____

17 digit Parcel Control Number can be found on Palm Beach County Property Appraiser (PAPA) website at: http://www.pbcgov.com/papa/

OWNER NAME: _____

The Owner name as it appears on Palm Beach County Property Appraiser (PAPA). Copy of Bill of Sale/Recorded Warranty Deed/Settlement Documents from Closing required for recently purchased property. If the Owner name is a corporation, partnership, LLC, or fictitious name please provide proof from Division of Corporations (Sunbiz) official website: http://dos.myflorida.com/sunbiz/search/

FEIN#: _____ OR SS#: _____ OR ITIN#: _____
Federal Employee Identification Number Social Security # Required FS205.0535(5) Individual Taxpayer Id Number

RENTAL ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL: _____

MAILING ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

*VACATION RENTAL SHORT-TERM YES _____ NO _____

If yes, must provide proof of your State of Florida Vacation Rental license.

*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.

FOR OFFICIAL USE ONLY

ASSISTED BY: _____

DATE STAMP: _____

CATEGORY: _____

FEE SCHEDULE AND DEPARTMENTAL APPROVAL

RENTAL PROPERTY TYPE:

SINGLE FAMILY/TOWNHOUSE/CONDO	#: _____ X 38.59 = \$ _____
GARAGE APARTMENT(S)	#: _____ X 38.59 = \$ _____
APARTMENT(S)	#: _____ X 33.08 = \$ _____

INSPECTIONS:

ZONING FEE (SINGLE UNIT) \$10.00	\$ _____
ZONING FEE (MULTIPLE UNITS) \$20.00	\$ _____
CODE ENFORCEMENT FEE \$25.00	\$ 25.00
FIRE INSPECTION FEE	
<i>*Inspection only for 3 or more units under the same roof. No fire inspection for condos.</i>	
	\$35.00 (3-11 UNITS) \$ _____
	\$55.00 (12-24 UNITS) \$ _____
	\$75.00 (25-100 UNITS) \$ _____
	\$125.00 (OVER 100 UNITS) \$ _____

CERTIFICATE OF USE (COU) FEE:

\$50.00	\$ 50.00
<i>25% penalty is collected on all notice of violations</i>	\$ _____

TOTAL \$ _____

NAME CHANGE ONLY:

**No inspections on name change*

\$25.00+COU \$50 \$ **75.00**

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 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. I ACKNOWLEDGE THE CITY OF WEST PALM BEACH ORDINANCE NO. 4159-08 SECTION 54-370, RELATING TO THE REGULATION OF THE RESIDENCY OF SEXUAL OFFENDERS AND SEXUAL PREDATORS. 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. I ACKNOWLEDGE THAT THE RENTAL TAX RECEIPT EXPIRES EACH YEAR ON SEPTEMBER 30TH.

OWNER'S SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

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