



**DEVELOPMENT SERVICES DEPARTMENT**

**401 Clematis St.  
West Palm Beach, FL 33401  
Telephone: 561/805-6700  
Fax: 561/805-6676**

**City of West Palm Beach**  
**Affidavit for All Proposed Medical and Dental Offices**

In order for the City of West Palm Beach to evaluate the use and implement new regulations for Pain Management Clinics, notice is being given that the City has declared a moratorium and all zoning applications and requests for zoning approvals, including business tax receipts, for Pain Management Clinics will not be processed until the City completes its evaluation and implements regulations. Applicants for Medical or Dental Offices must demonstrate they are not and will not operate as Pain Management Clinics based on the following definitions: Medical or Dental Office means an establishment where patients, who are not lodged overnight, are admitted for examination or treatment by persons practicing any form of healing or health-building services whether such persons are medical doctors, chiropractors, osteopaths, chiropractors, naturopaths, optometrists, dentists, or any such profession, the practice of which is lawful in the State of Florida. A pain management clinic shall not be considered a medical or dental office. Pain Management Clinic - all privately owned pain management clinics, facilities, or offices, which advertise in any medium for any type of pain management services, or employ a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications, and which are required to register with the Florida Department of Health pursuant to Secs. 458.309 or 459.005, FL Stat. A physician is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications when the majority of the patients seen are prescribed or dispensed controlled substance medications for the treatment of chronic nonmalignant pain. Chronic nonmalignant pain is pain unrelated to cancer which persists beyond the usual course of the disease or the injury that is the cause of the pain or more than 90 days after surgery.

I, (print name) \_\_\_\_\_ am the (title) \_\_\_\_\_ of the Medical or Dental Office identified below. I have read the above definitions for Medical or Dental Office and Pain Management Clinic. I clearly understand that they are separate and distinct uses. I am applying for a business tax receipt for operation of a Medical or Dental Office; NOT a Pain Management Clinic. A Pain Management Clinic will not be operated at the Address listed below. I further understand that the operation of a Pain Management Clinic at the business address shown below is a violation of the moratorium and may result in code enforcement action and/or revocation of the Business Tax Receipt. I make this Affidavit under penalty for perjury.

Medical or Dental Applicant

Office: \_\_\_\_\_ Signature: \_\_\_\_\_

Business Applicant

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

State of Florida

County of: \_\_\_\_\_

Sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_,

who is / are personally known, to me or has / have produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Notary Name)

\_\_\_\_\_  
(Notary Signature)

(Seal)