



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

FOR OFFICE USE ONLY

BUSINESS # _____

BUSINESS TAX APPLICATION/CERTIFICATE OF USE

WARNING: THIS APPLICATION IS NOT A BUSINESS TAX RECEIPT OR CERTIFICATE OF USE

***REQUIRED FIELDS**

*PCN #: _____
17 digit Parcel Control Number can be found on Palm Beach County Property Appraiser (PAPA) website at: <http://www.pbcgov.com/papa/>
*BUSINESS NAME/DBA: _____
MANAGER/APPLICANT'S NAME _____ (If corporation must include all officers)
* FEDERAL ID # or SOCIAL SECURITY #: _____ As required per FS 205.0535(5)
* OWNER _____ TITLE _____
*BUSINESS ADDRESS: _____ SUITE # _____ CITY: _____ ST: _____ ZIP: _____
*BUSINESS PHONE: () _____ * E-MAIL ADDRESS _____
* 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 _____
IS BUSINESS A HOME OCCUPATION? _____ YES OR _____ NO IF YES, PLEASE SEE HOME OCCUPATION AFFIDAVIT
IS BUSINESS SHARED/VIRTUAL SPACE? _____ YES OR _____ NO IF YES, WHAT IS ORIGINAL NAME: _____
IS BUSINESS A NAME CHANGE? _____ YES OR _____ NO IF YES, WHAT IS ORIGINAL NAME: _____
IS BUSINESS A LOCATION CHANGE? _____ YES OR _____ NO IF YES, PREVIOUS LOCATION: _____
IS BUSINESS AN OWNER CHANGE? _____ YES OR _____ NO IF YES, WHAT IS ORIGINAL OWNER: _____

****IMPORTANT INFORMATION****

ALL BUSINESS TAX RECEIPT APPLICATIONS MUST BE SUBMITTED TO DEVELOPMENT SERVICES. **ZONING APPROVAL** WILL BE DONE INTERNALLY TO VERIFY THAT THE PROPERTY LOCATION IS ZONED FOR THE PROPOSED BUSINESS ACTIVITY. ALL INSPECTIONS MUST PASS AND PAYMENT MADE PRIOR TO ISSUE.

ANY AND ALL CHANGES TO THE INFORMATION AS PROVIDED IN THIS BUSINESS TAX APPLICATION SHALL BE SUBMITTED IMMEDIATELY TO THE DEVELOPMENT SERVICES DEPARTMENT IN WRITING BY EMAIL AT Businessstax@wpb.org

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 business tax receipt is conditioned upon the compliance with all ordinances and the results of any investigations of the above described business.

APPLICANT'S SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

FOR OFFICE USE ONL

ASSISTED BY: _____
SIC #: _____

**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 7-10 BUSINESS DAYS FOR PROCESSING. YOU WILL BE CONTACTED VIA EMAIL WITH NEXT STEPS AND PAYMENT OPTIONS.**

INFORMATIONAL PURPOSES ONLY	
	PCN NUMBER – OBTAIN ON-LINE AT THE PROPERTY APPRAISER’S WEB SITE WWW.PBCGOV.COM/PAPA OR CALL 561-355-2890
	FIRST STEP APPROVAL OF THE CITY ZONING DEPARTMENT (LOCATED ON THE 1ST FLOOR CITY HALL)
	INSPECTION FOR SIGN-OFF OF APPLICATION BY THE DEVELOPMENT SERVICES DEPT. (IF APPLICABLE) CHANGE OF OCCUPANCY OR ANY ALTERATIONS TO THE BUILDING INTERIOR, EXTERIOR OR SIGNAGE MAY REQUIRE A PERMIT
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE FIRE DEPARTMENT (IF APPLICABLE)
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE CODE ENFORCEMENT DEPT. (IF APPLICABLE)
	APPROVAL OF THE CITY OF WPB POLICE DEPT. (IF APPLICABLE)
	COPY OF ARTICLE OF INC. OR FICTITIOUS NAME REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE) WWW.SUNBIZ.ORG
	COPY OF BUSINESS TAX RECEIPT FOR BUSINESS LOCATED OUTSIDE CITY LIMITS
	COPY OF STATE LICENSE, FLORIDA BAR CARD
	COPY OF STATE LICENSE FOR ALCOHOL AND/OR FOOD
	COPY OF DIVISION OF HIGHWAY & MOTOR VEHICLES (STATE LICENSE) IF APPLICABLE
	COPY OF BILL OF SALE IF CHANGE OF OWNER
	COPY OF 501(C)3 UNDER BUSINESS NAMES
	PLEASE READ, SIGN AND NOTARIZE HOME OCCUPATION AFFIDAVIT
	ORIGINAL PALM BEACH COUNTY APPLICATION

YOU MAY INCUR ADDITIONAL FEES: DEPENDS ON TYPE OF BUSINESS AND CIRCUMSTANCE

PENALTIES:	10% _____	15% _____
	20% _____	25% _____
CHANGE OF NAME:		\$25.00
CHANGE OF OWNER:		\$25.00
CHANGE OF LOCATION:		\$25.00
ZONING FEE FOR COU:		\$10.00
CODE ENFORCEMENT FEE:		\$25.00
CERTIFICATE OF USE FEE:		\$50.00
FIRE INSPECTION FEE:		BASED ON SQ FOOTAGE

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