

RETURN APPLICATION BY EMAIL OR MAIL. ALLOW 10 BUSINESS DAYS FOR PROCESSING. ONLINE PAYMENTS WITH VISA OR MASTERCARD ONCE YOU HAVE ACCOUNT #. YOU WILL BE EMAILED YOUR ACCOUNT #. ONLINE PAYMENTS AT: <http://onestopshop.wpbgov.com/eGovPlus/license/buslic.aspx> CHECKS MAKE PAYABLE TO CITY OF WEST PALM BEACH.

FOR OFFICE USE ONLY: ACCOUNT #: _____ ASSISTED BY: _____ CATEGORY: _____ DATE STAMP: _____

RENTAL TAX APPLICATION COMMERCIAL PROPERTY

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 # Social Security # Individual Taxpayer ID #

PROPERTY ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL: _____

MAILING ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

FEE SCHEDULE AND DEPARTMENTAL APPROVAL

RENTAL PROPERTY TYPE (CHECK ONE THAT APPLIES):

No inspections or Certificate of Use (COU) is required for this classification.

LESSOR OF NONRESIDENTIAL BLDG (EXCLUDING WAREHOUSE) 531120	_____ \$57.88
LESSOR OF WAREHOUSE & SELF STORAGE 531130	_____ \$57.88
LESSORS OF OTHER REAL ESTATE PROPERTY 531190	_____ \$57.88

____ I, hereby certify that I am not renting or offering for rent, by periodic payments or receipt of other in-kind pay for any part of the property address named above and therefore not required to pay a rental tax.

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. 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 THAT THE RENTAL TAX RECEIPT EXPIRES EACH YEAR ON SEPTEMBER 30TH.

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____
 (OR DESIGNEE)

PRINT NAME: _____