Application Requirement Guide for Local Business Tax Receipt

APPLICATION REQUIREMENT GUIDE (CHECKLIST)

☐ COMPLETE APPLICATION (first box on reverse side)

☐ ATTACH A COPY OF FICTITIOUS NAME REGISTRATION (if applicable): www.sunbiz.org

☐ OBTAIN ZONING APPROVAL (one of the following):
  • Municipal/City Business Tax Receipt (if business is located within city limits, submit this application to the city for zoning approval). **OR**
  • Unincorporated - Palm Beach County Zoning Approval (if business is located in unincorporated Palm Beach County) submit this application to Palm Beach County Planning, Zoning & Building for approval [2300 N. Jog Rd. West Palm Beach-Vista Center 561-233-5200].

☐ COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE (if applicable):
  • Dept. of Business and Professional Regulation (850-487-1395)
  • Child Care Facilities must be registered by Palm Beach County Dept. of Health (561-840-4500)
  • State of Florida Dept. of Health (850-488-0595)
  • Certified Contractors must be licensed by Palm Beach County Construction Industry Licensing Board (561-233-5525) or Department of Business and Professional Regulation (850-487-1395)
  • State of Florida, Dept. of Agriculture and Consumer Services (800-435-7352) for food outlets, auto repair, health and dance studios, telemarketers and travel agencies must provide permit, registration or exemption.
  • Restaurateurs and mobile food unit operators must provide a copy of approved inspection report from the Division of Hotel & Restaurants (850-487-1395) or obtain an authorizing signature on the application (reverse side).
  • Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State of Florida Office of Financial Regulation (850-410-9805).

NOTE: Price quotes are only valid if received and posted in the Tax Collector’s computer system within the same month of quote.

Palm Beach County Local Business Tax Receipt is in addition to, not in lieu of, any license required by law or municipal ordinance (County Ordinance 72-7).

Further information can be obtained by calling (561) 355-2272 or visiting our website: www.taxcollectorpb.com

Mail completed application to:  Palm Beach County Tax Collector
   Attn: Business Tax Department
   P.O. Box 3353
   West Palm Beach, FL 33402-3353

**OR**

Visit one of our locations with the completed application: (Monday - Friday 8:15 am to 5:00 pm)

<table>
<thead>
<tr>
<th>Location</th>
<th>Address Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belle Glade Service Center</td>
<td>PBC Glades Office Building 2976 State Road 1.5 Belle Glade, FL</td>
</tr>
<tr>
<td>Lake Worth Service Center</td>
<td>3551 South Military Trail Lake Worth, FL</td>
</tr>
<tr>
<td>Royal Palm Beach Service Center</td>
<td>200 Civic Center Way Royal Palm Beach, FL</td>
</tr>
<tr>
<td>Delray Beach/South County Service Center</td>
<td>501 South Congress Ave Delray Beach, FL</td>
</tr>
<tr>
<td>Palm Beach Gardens/NE County Courthouse Service Center</td>
<td>3188 PGA Blvd Palm Beach Gardens, FL</td>
</tr>
<tr>
<td>West Palm Beach/Downtown Service Center</td>
<td>301 North Olive Avenue West Palm Beach, FL</td>
</tr>
</tbody>
</table>

Revision: 8-24-2013
**Application For Palm Beach County Local Business Tax Receipt**

**BUSINESS INFORMATION** (To be completed by applicant):

- **Check Applicable Box:**
  - ☐ New Business
  - ☐ Transfer of Address
  - ☐ Transfer of Ownership
  - ☐ Business Name Change
  - ☐ New Business Tax Receipt
  - ☐ Other

- **Current Business Tax Receipt #** (if applicable):

- **Business/DBA/Trade Name:**

- **Corporation /Business Name:**

- **Owners Name:**

- **Federal Employer ID #:**

- **Social Security #:**

- **Business Address:**
  - City: 
  - State: 
  - ZIP: 

- **Date in business at this location:**

- **Business Phone Number:**

- **Mailing Address (if different above):**
  - City: 
  - State: 
  - ZIP: 

- **E-Mail address:**

- **Nature of Business:**
  - (Lanscap, Cleaning, Service, etc.)

- **Profession:**
  - (Doctor, Lawyer, etc.)

- **Maximum Number of:**
  - Employees: 
  - Machines: 
  - Rooms: 
  - Restaurant Seating: 

- **Were you issued a Notice of Non-Compliance?**
  - Yes
  - No

- **I certify, under penalty of law, that the above information is true and correct, and I understand that any false statements could result in penalties as provided by law.**

- **Signature:**

- **Title:**

  (Agent, Owner, Rep.)

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**PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL**

*See reverse side for details on zoning*

- **Municipal/City Zoning Approval: Title:**

- **PZ&B - Place initials in box if approval from department is required**:
  - ☐ Zoning (U No.)
  - ☐ Compliance
  - ☐ Building
  - ☐ NAICS Code
  - ☐ Other

- **Regulator Signature required on line, when approval has been met**:
  - ☐ Fire Marshall
  - ☐ Health Department
  - ☐ Hotel & Restaurant
  - ☐ Prior Use of Bay/Bldg.
  - ☐ City Home Based Affidavit

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**FOR TCO OFFICE USE ONLY** (Signature and title designates approval)

- **LBTR#/Account #:**
  - Branch Office:

- ** Till number:**
  - State/County License Cert #:

- **NAICS Code:**
  - Receipt #:

- **Cust. Relations Guide/ CRA:**

- **Date:**

- **Field Service Approval:**

- **TOTAL FEE DUE :**

- **CURRENT YR**
  - ☐ 1 YR
  - ☐ 2 YR
  - ☐ 3 YR
  - ☐ 4 YR
  - ☐ 5 YR