



FOR OFFICE USE ONLY
BUSINESS # _____

BUSINESS TAX APPLICATION/CERTIFICATE OF USE

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

PCN#(REQUIRED) _____

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 _____

HAVE YOU BEEN ISSUED A NOTICE OF VIOLATIONS? YES OR NO (PLEASE CIRCLE ONE)

HAS THIS BUSINESS BEEN TAXED WITHIN THE CITY BEFORE? YES OR NO (PLEASE CIRCLE ONE)

WHERE? _____ WHEN? _____

IS BUSINESS A HOME OCCUPATION? YES OR NO (PLEASE CIRCLE ONE) IF YES, PLEASE SEE HOME OCCUPATION AFFIDAVIT

- 1. THE PLACE OF BUSINESS MUST BE OPEN TO ALL INSPECTORS
2. CERTIFICATE OF USE FEE IS NON-REFUNDABLE
3. IT IS THE APPLICANT'S RESPONSIBILITY TO FOLLOW UP ON THIS PROCESS.
4. DO NOT OPERATE A BUSINESS WITHOUT A BUSINESS TAX RECEIPT AND CERTIFICATE OF USE

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.

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 DS@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: _____

FOR OFFICE USE ONLY
ASSISTED BY: _____
SIC #: _____

OBTAINING CODE ENFORCEMENT AND/OR FIRE INSPECTIONS DOES NOT CONSTITUTE PERMISSION TO OPERATE THE BUSINESS WITHOUT ZONING APPROVAL, PAYMENT, AND ISSUANCE OF BUSINESS TAX RECEIPT.

RETURN APPLICATION BY EMAIL AT DS@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 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:		\$20.00
CERTIFICATE OF USE FEE:		\$50.00
FIRE INSPECTION FEE:		BASED ON SQ FOOTAGE

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