

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



WEST PALM BEACH

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: \_\_\_\_\_  
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 (1<sup>ST</sup> FLOOR) FOR PROCESSING. AS PART OF THE PROCESS, **ZONING APPROVAL** WILL BE DONE INTERNALLY TO VERIFY THAT THE PROPERTY LOCATION IS PROPERLY ZONED FOR THE PROPOSED BUSINESS ACTIVITY.

**ANY AND ALL CHANGES TO THE INFORMATION AS PROVIDED IN THIS BUSINESS TAX INFORMATION SHEET SHALL BE SUBMITTED IMMEDIATELY TO THE DEVELOPMENT SERVICES DEPARTMENT.**

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:** \_\_\_\_\_

**SIGNATURES MUST BE ORIGINAL  
APPLICATION MAY NOT BE FAXED**

**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.**

| <b>INFORMATIONAL PURPOSES ONLY</b> |  |
|------------------------------------|--|
|                                    | <b>PCN NUMBER</b> – OBTAIN ON-LINE AT THE PROPERTY APPRAISER'S WEB SITE <a href="http://WWW.PBCGOV.COM/PAPA">WWW.PBCGOV.COM/PAPA</a> OR CALL 561-355-2890  |
|                                    | <b>FIRST STEP</b> APPROVAL OF THE CITY <b>ZONING DEPARTMENT</b> (LOCATED ON THE 1ST FLOOR CITY HALL)   |
|                                    | INSPECTION FOR SIGN-OFF OF APPLICATION BY THE <b>DEVELOPMENT SERVICES DEPT. (IF APPLICABLE)</b><br>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 <b>FIRE DEPARTMENT (IF APPLICABLE)</b>   |
|                                    | INSPECTION FOR SIGN OFF OF APPLICATION BY THE <b>CODE ENFORCEMENT DEPT. (IF APPLICABLE)</b>  |
|                                    | APPROVAL OF THE CITY OF <b>WPB POLICE DEPT. (IF APPLICABLE)</b> SEE ATTACHED SCHEDULE  |
|                                    | <b>COPY OF ARTICLE OF INC.</b> REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE) <a href="http://WWW.SUNBIZ.ORG">WWW.SUNBIZ.ORG</a>   |
|                                    | <b>COPY OF FICTITIOUS NAME</b> REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE) <a href="http://WWW.SUNBIZ.ORG">WWW.SUNBIZ.ORG</a>   |
|                                    | <b>COPY OF BUSINESS TAX RECEIPT</b> FOR BUSINESS LOCATED OUTSIDE CITY LIMITS   |
|                                    | <b>COPY OF STATE LICENSE, FLORIDA BAR CARD</b>   |
|                                    | <b>COPY OF STATE LICENSE FOR ALCOHOL AND/OR FOOD</b>   |
|                                    | <b>COPY OF DIVISION OF HIGHWAY &amp; MOTOR VEHICLES (STATE LICENSE) IF APPLICABLE</b>  |
|                                    | <b>COPY OF BILL OF SALE</b> IF CHANGE OF OWNER   |
|                                    | <b>COPY OF 501(C)3</b> UNDER BUSINESS NAMES  |
|                                    | PLEASE READ, SIGN AND NOTARIZE <b>HOME OCCUPATION AFFIDAVIT</b>  |
|                                    | <b>ORIGINAL PALM BEACH COUNTY APPLICATION</b>  |
|                                    |  |
|                                    |  |

**PCN# (REQUIRED)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**FOR CITY OF WEST PALM BEACH OFFICE USE ONLY**

|                                |                                    |                            |
|--------------------------------|------------------------------------|----------------------------|
| <b>FEE:</b>                    | <b>DEPENDS ON TYPE OF BUSINESS</b> |                            |
| <b>PENALTIES:</b>              | 10% _____                          | 15% _____                  |
|                                | 20% _____                          | 25% _____                  |
| <b>CHANGE OF NAME:</b>         |                                    | <b>\$25.00</b>             |
| <b>CHANGE OF OWNER:</b>        |                                    | <b>\$25.00</b>             |
| <b>CHANGE OF LOCATION:</b>     |                                    | <b>\$25.00</b>             |
| <b>ZONING FEE FOR COU:</b>     |                                    | <b>\$10.00</b>             |
| <b>CODE ENFORCEMENT FEE:</b>   |                                    | <b>\$20.00</b>             |
| <b>CERTIFICATE OF USE FEE:</b> |                                    | <b>\$50.00</b>             |
| <b>FIRE INSPECTION FEE:</b>    |                                    | <b>BASED ON SQ FOOTAGE</b> |