



## **Village of Royal Palm Beach, Florida**

1050 Royal Palm Beach Boulevard      Royal Palm Beach, Florida 33411  
Telephone (561) 790-5128              Fax (561) 790-5129

Community Development

### **INSTRUCTIONS FOR NEW BUSINESSES LOCATED IN THE VILLAGE OF ROYAL PALM BEACH**

1. COMPLETE NEW TENANT INSPECTION REQUEST AND SCHEDULE REQUIRED INSPECTIONS.
2. COMPLETE TOP PORTION OF PALM BEACH COUNTY TAX COLLECTOR FORM AND RECEIVE SIGN OFF BY ROYAL PALM BEACH PLANNING & ZONING. ORIGINAL FORM IS RETURNED TO TAX COLLECTOR OFFICE TO OBTAIN A BUSINESS TAX RECEIPT (PREVIOUSLY KNOWN AS AN OCCUPATION LICENSE) FOR PALM BEACH COUNTY AND A COPY STAYS WITH ROYAL PALM BEACH.
3. UPON COMPLETION OF NEW TENANT INSPECTION, SUBMIT FORM WITH SIGN OFF BY THE BUILDING DEPARTMENT, COPY OF TAX COLLECTOR FORM, COPY OF THE FIRST PAGE OF ARTICLES OF INCORPORATION OR COPY OF FICTITIOUS NAME, AND COMPLETED APPLICATION FOR NEW BUSINESS.
4. RETAIL/WHOLESALE MERCHANT - A STATEMENT OF INVENTORY ON YOUR LETTERHEAD IS REQUIRED. IT MUST BE SIGNED AND NOTARIZED.

FOR ADDITIONAL INFORMATION, PLEASE CONTACT OUR OFFICE AT 561-790-5128.



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Community Development Department

**NEW TENANT INSPECTION REQUEST**

Permit # \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

OWNER/LICENSEE NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**ZONING APPROVAL:**

\_\_\_\_\_  
Zoning Signature Date ZONING DISTRICT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**INSPECTED & RELEASE APPROVAL:**

\_\_\_\_\_  
Building Inspector Date

\_\_\_\_\_  
Fire Department Date

The purpose of this document is to verify that both the Building Department and the Fire Department have performed separate inspections at the above named business/location as required by Village Code.

By performing inspections and signing this document we have determined that the above named business/location has met the minimum requirements of both departments for obtaining a Village of Royal Palm Beach Local Business Tax Receipt.

No owner or agent shall allow a new or existing tenant space to be occupied by any person until after an inspection has been made by the Building Department and Fire Marshall.

**PERMIT VALID FOR 30 (thirty) DAYS.** Please note that certain repairs may require building permits and it shall be the responsibility of the tenant to verify if permits are required. Business Tax Receipt must be obtained within 30 (thirty) days of approved inspections.

**NEW TENANT INSPECTION FEE \$75.00** DATE \_\_\_\_\_ CASH/CK# \_\_\_\_\_



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### BUSINESS/STORES APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

DATE: \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

TAX ID# \_\_\_\_\_ DRIVERS LICENSE \_\_\_\_\_

#### PLEASE INCLUDE A COPY OF THE FOLLOWING, IF APPLICABLE:

- BUILDING DEPARTMENT & FIRE DEPARTMENT APPROVAL
- BOARD OF HEALTH APPROVAL
- DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATIONS
- DEPARTMENT OF MOTOR VEHICLE LICENSE
- ALCOHOLIC BEVERAGE LICENSE
- STATE LICENSE FOR PROFESSIONALS
- STATE REGISTRATION OF FICTITIOUS NAME, 1<sup>ST</sup> PAGE OF ARTICLES OF INCORPORATION OR CORPORATE SEAL
- LIABILITY AND WORKER'S COMPENSATION INSURANCE SHOWING "VILLAGE OF ROYAL PALM BEACH" AS THE CERTIFICATE HOLDER.
- **RETAIL/WHOLESALE** BUSINESSES MUST SUPPLY A NOTARIZED STATEMENT OF INVENTORY

**RESTAURANTS:** WILL ALCOHOLIC BEVERAGES BE SOLD ON THE PREMISES? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE DESCRIBE \_\_\_\_\_

IN AN EFFORT TO ASSIST LOCAL BUSINESSES, WE ASK THAT YOU PROVIDE A WEBSITE OR EMAIL ADDRESS ALONG WITH A BRIEF DESCRIPTION OF YOUR BUSINESS. THIS INFORMATION WILL BE PLACED ON THE VILLAGE'S WEBSITE FOR ADVERTISEMENT PURPOSES.

EMAIL ADDRESS: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
OWNER'S SIGNATURE

**\*\*IF THIS DOCUMENT IS PRESENTED BY SOMEONE OTHER THAN THE OWNER, IT MUST BE NOTORIZED\*\***



**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
*Serving Palm Beach County*  
**Serving you.**

Sec. 17-17 of PBC Ordinance No. 72-7.

No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.

[www.pbctax.com](http://www.pbctax.com)

## Application For Palm Beach County Local Business Tax Receipt

### #1: BUSINESS INFORMATION (To be completed by applicant):

**\*\*Instructions & checklist on reverse side\*\***

Check Applicable Box:  New Business  Transfer of Address  Transfer of Ownership  Business Name Change  
 Other \_\_\_\_\_

Existing PBC LBTR # (if applicable): \_\_\_\_\_

Corporation/Business Name: \_\_\_\_\_

Fictitious/DBA/Trade Name: \_\_\_\_\_

Division of Corporations requires registration of a fictitious name. Submit copy of registration with this application.

Owner/Applicant Name: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ **\*\*OR\*\*** Social Security #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant/Business Start Date at Location: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Mailing Address (if different above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ **\*\*OR\*\*** Profession: \_\_\_\_\_  
(Landscape, Cleaning Service, etc.) (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.)

### #2: PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL **\*\*See reverse side for details on zoning\*\***

Municipal/City Zoning Approval: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Fees May Apply

Unincorporated Zoning Approval/Planning Zoning & Building Approval: \_\_\_\_\_ Title: \_\_\_\_\_

PCN: \_\_\_\_\_ ePZB Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Control Number: \_\_\_\_\_ Resolution Number: \_\_\_\_\_

Use pursuant to the PBC ULDC Article 4 supplementary use standards: \_\_\_\_\_

PZ&B - Check box if approval from department is required\*\*\*

Regulator Signature required on line, when approval has been granted\*\*\*

Zoning (U No.) \_\_\_\_\_  Fire Marshall \_\_\_\_\_

Compliance \_\_\_\_\_  Health Department \_\_\_\_\_

Building \_\_\_\_\_  Hotel & Restaurant \_\_\_\_\_

NAICS Code \_\_\_\_\_  Prior Use of Bay/Bldg. \_\_\_\_\_

Other \_\_\_\_\_  Cnty Home Based Affidavit \_\_\_\_\_

### FOR TCO OFFICE USE ONLY

LBTR#/Account #: \_\_\_\_\_ State/County License Cert #: \_\_\_\_\_

CSS / SCSS: \_\_\_\_\_ Date: \_\_\_\_\_ Field Service Approval: \_\_\_\_\_

NAICS Code \_\_\_\_\_ TOTAL FEE DUE: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_



# Application Requirement Guide for Local Business Tax Receipt

## APPLICATION REQUIREMENT GUIDE (CHECKLIST)

**\*\*Please complete application on reverse side.\*\***

- COMPLETE APPLICATION (box #1 on reverse side)**
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION (if applicable):** [www.sunbiz.org](http://www.sunbiz.org)
- OBTAIN ZONING APPROVAL from the following (box #2 on reverse side):**
  - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval).
  - 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)].
  - Unincorporated Home Based Business - Form #103 must be completed.
- COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE (if applicable):**
  - Dept. of Business and Professional Regulation .....(850) 487-1395
  - Palm Beach County Dept. of Health .....(561) 840-4500
  - State of Florida Dept. of Health .....(850) 488-0595
  - Palm Beach County Construction Industry Licensing Board .....(561) 233-5525
  - State of Florida, Dept. of Agriculture and Consumer Services .....(800) 435-7352
  - Florida Division of Hotel & Restaurants .....(850) 487-1395
  - Florida Office of Financial Regulation .....(850) 410-9805

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

**This receipt is in addition to and not in lieu of any license or receipt required by law or city ordinance and is subject to regulations of zoning, health and any other lawful authority Section 17-17 of Palm Beach County Ordinance No. 72-7.**

For more information, call (561) 355-2264 or visit our website at [www.pbctax.com](http://www.pbctax.com).

**Mail completed application to:**  
 Palm Beach County Tax Collector  
 Attn: Business Tax Department  
 P.O. Box 3715  
 West Palm Beach, FL 33402-3715

**Visit any of these locations with the completed application:** (Monday – Friday 8:15 am to 5:00 pm)

**Belle Glade Service Center**  
 PBC Glades Office Building  
 2976 State Road 15  
 Belle Glade, FL

**Central Palm Beach Service Center**  
 4215 South Military Trail  
 Lake Worth, FL

**Royal Palm Beach Service Center**  
 200 Civic Center Way  
 Royal Palm Beach, FL

**Delray Beach/South County Service Center**  
 501 South Congress Ave  
 Delray Beach, FL

**Palm Beach Gardens/NE County Courthouse Service Center**  
 3188 PGA Blvd  
 Palm Beach Gardens, FL

**West Palm Beach/Downtown Service Center**  
 301 North Olive Avenue, Room #101  
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