Village of Royal Palm Beach, Florida

1050 Royal Palm Beach Boulevard Royal Palm Beach, Florida 33411
Telephone (561) 790-5178 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 TENNANT 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 561-790-5178.

Village of Royal Palm Beach, Florida

1050 Royal Palm Beach Boulevard Royal Palm Beach, Florida 33411
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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 DISTRICT:* _____
Zoning Signature Date

*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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Community Development

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, 1ST 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 ADVERTISMENT 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

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: _____
(Landscaper, 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: _____

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

☐ Zoning (U No.) _____
☐ Compliance _____
☐ Building _____
☐ NAICS Code _____
☐ Other _____

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

☐ Fire Marshall _____
☐ Health Department _____
☐ Hotel & Restaurant _____
☐ Prior Use of Bay/Bldg. _____
☐ 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 #: _____

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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

☐ **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)].

☐ **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.

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

Lake Worth Service Center
3551 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
West Palm Beach, FL