



TOWN OF PALM BEACH SHORES
247 Edwards Lane
Palm Beach Shores, Florida 33404
(561) 844-3457

BUSINESS TAX RECEIPT APPLICATION

APPLICATION NO.: _____

SUBMITTAL DATE: _____

APPLICANT INFORMATION:

**Applicant's Social Security Number or
Employer's Tax Identification Number:** _____

(Required by Sec. 205.0535(6), F.S.)

Applicant's Fictitious Name Registration Number: _____

(Required by Sec. 205.023, F.S.) (Provide copy of registration or attach written/signed statement as to why not required to provide)

If Contractor, State I.D. # _____

Palm Beach County License; Other Municipal Occupational License-Copy attached.

Applicant's Name: Individual – Provide Name;

Partnership – Provide Name, Type of Partnership, Name and Type of each Partner;

Corporation – Provide Name of Corporation, Name and Capacity of each

Officer/Director, Name of Registered Agent.*

Applicant's Address: For Partnership or Corporation, also list address of person authorized to accept service of process / Registered Agent.*

Applicant's Telephone Number / Fax Number: For Partnership or Corporation, also list telephone number of person authorized to accept service of process / Registered Agent.*

***Attach additional sheet if necessary.**

BUSINESS CATEGORY: _____
(See Sec. 18-31 Town Code of Ordinances)

BUSINESS LOCATION: _____
(Street Address)

(Legal Description)

THE FOLLOWING INFORMATION MUST BE PROVIDED AS APPLICABLE TO THE APPLICATION:

1. Square footage of location: Total _____ Office Space _____ Storage _____
2. Any use or storage of Flammable or Explosive materials? Yes ____ No ____
3. Number of Employees: _____
4. ****Restaurant's Seating Capacity:** _____ **Sq. Ft. of Dining & Lounge Area:** _____
5. ****Motel- Number of Units:** _____
6. ****Hotel- Number of Units:** _____
7. ****Apartments / Multi Family- Number of Units:** _____
8. ****Group Home Facilities- Number of Units:** _____
Affiliated with off-site treatment facilities: Yes ____ No ____
If Yes: Name of Facility: _____
Address of Facility: _____
9. ****Home Occupations- Equipment used on site (List):** _____

10. Are there interior/exterior alterations required prior to occupancy/renewal? Yes ____ No ____
11. Number of parking spaces provided: _____
12. Copy of Partnership Agreement submitted? Yes ____ No ____
13. Evidence Corporation is in good standing submitted? Yes ____ No ____
14. Copy of Articles of Incorporation and Charger submitted? Yes ____ No ____

****Affidavit required; Copy of State and County License attached, as applicable**

APPLICANT'S AFFIDAVIT

FOR ALL PROPERTIES:

I _____ affirm and certify that I understand and hereby consent to comply with all provisions and regulations of the Town of Palm Beach Shores, Florida. I understand that if this Application is approved by the Town, the business or profession will be subjected to all applicable laws, regulations, taxes and police powers of the Town including, but not limited to, the Comprehensive Plan and Zoning Ordinances. I further certify that all statements, affidavits and diagrams submitted herewith are true and accurate and I understand that if I have provided false or misleading statements to the Town, my Business Tax Receipt shall be deemed void in accordance with Sec. 18-26 of the Town Code of Ordinances. I further understand that if the operation of the business or profession results in any violations of State or Local laws or regulations, my Business Tax Receipt may be suspended or revoked in accordance with Section 18-22 of the Town Code of Ordinances. Further, I understand that this Application and attachments become part of the Official Records of the Town, and are not returnable.

ADDITIONALLY, FOR RENTAL PROPERTIES / FOOD SERVICE ESTABLISHMENTS:

I have applied for a Business Tax Receipt to use property located at _____, Palm Beach Shores, Florida 33404 as a Restaurant ___ Lounge ___ with _____ seats; Hotel ___ Motel ___ Single-family Rental ___ Apartment ___ Multi-family Rental ___ Group Home Facility ___ with _____ units. I certify that I am eligible for this receipt and understand that it shall only be permitted in Zoning District _____ and that my property is located in that Zoning District. **I DO ___ DO NOT ___** provide accommodations for persons affiliated with an off-site treatment facility. I understand that I must comply with all applicable requirements of Chapter 509, F.S. in order to conduct a food service and/or rental property establishment, as well as all regulations and ordinances of the Town of Palm Beach Shores.

I understand the conditions required for a Business Tax Receipt and agree to abide by same.

Witness Signature

Signature of Applicant

Witness Signature

Printed Name of Applicant

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

This "Applicant's Affidavit" for a Business Tax Receipt was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath.

(SEAL)

Notary Public
State of Florida

-----FOR OFFICIAL USE ONLY (BUSINESS TAX RECEIPT)-----

Date Received _____ Annual Tax _____ P.B.C. Business Tax Receipt _____

Delinquent (beginning October 30) _____ Penalty Paid _____

Zoning District

Number of Parking Spaces Required / Provided

Business Category _____

FOR RENTAL PROPERTIES:

Maximum Occupant Load (per property) _____

Maximum Occupant Load (per rental unit) _____

AS A CONDITION TO MAINTAINING A BUSINESS TAX RECEIPT, THE DESCRIBED PLACE OF BUSINESS MUST BE INSPECTED AND APPROVED BY THE TOWN OFFICIAL(S) CHECKED BELOW. INSPECTIONS WILL BE SCHEDULED BY THE TOWN DURING THE COURSE OF THE TAX PERIOD:

FIRE - RESCUE _____
(Signature of approval)

BUILDING DEPARTMENT _____
(Signature of approval)

CODE ENFORCEMENT OFFICER _____
(Signature of approval)

OTHER (specify) _____
(Signature of approval)

REASON FOR DENIAL AND/OR COMMENTS: _____

Evyonne Browning, Town Clerk

Date of Approval/Denial