



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

CERTIFICATE OF USE APPLICATION

APPLICATION NO.: _____

SUBMITTAL DATE: _____

APPLICANT INFORMATION:

Applicant's Name: _____

Current Business Tax Receipt Application No: _____

CERTIFICATE OF USE HISTORY:

Has the Applicant ever had a previous Certificate of Use suspended, conditioned or revoked?

Yes _____ No _____

If "Yes" list below the date of suspension, conditioning or revocation, the conditions imposed (if any) and the location of the establishment for which the certificate was suspended, conditioned or revoked.

Date: _____ Location: _____

Conditions: _____

THIS CERTIFICATE OF USE APPLICATION WILL BE APPROVED OR DENIED BASED UPON INFORMATION CONTAINED HEREIN AS WELL AS INFORMATION SUPPLIED IN CONNECTION WITH THE CURRENT BUSINESS TAX RECEIPT APPLICATION IDENTIFIED HEREIN.

APPLICANT MUST ATTACH A COPY OF ANY LICENSE(S), REGISTRATION(S), OR CERTIFICATION(S) REQUIRED FOR THE PROFESSION OR OCCUPATION FOR WHICH THE SUBJECT LOCATION IS TO BE USED.

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 further understand that if this Application is approved by the Town, the business or profession will be subject to all applicable laws, regulations, taxes and police powers of the Town, including the Comprehensive Plan and Zoning Ordinance. I further certify that all statements, affidavits, licenses, and certificates submitted herewith, and with the current business tax receipt application are true and accurate and that I understand that giving false or misleading information on this form or on the current business tax receipt application shall result in my certificate of use being revoked in accordance with Section 18-2 of the Town Code of Ordinances. **I UNDERSTAND THAT THIS CERTIFICATE OF USE APPLICATION WILL BE APPROVED OR DENIED BASED UPON INFORMATION CONTAINED HEREIN AS WELL AS INFORMATION SUPPLIED IN CONNECTION WITH THE CURRENT BUSINESS TAX RECEIPT APPLICATION IDENTIFIED HEREIN.** Further, I understand that this Application and any attachments become part of the Official Records of the Town, and are not returnable.

ADDITIONALLY, FOR RENTAL PROPERTIES:

I am applying for a Certificate of Use to use property located at _____, Palm Beach Shores, Florida 33404, as a rental property, and specifically as a **HOTEL**___ **MOTEL**___ **SINGLE-FAMILY RENTAL**___ **APARTMENT**___ **MULTI-FAMILY RENTAL**___ **GROUP HOME FACILITY**___ (select only one). The maximum number of occupants that are permitted to reside on this property at any one time is _____ persons. The maximum number of occupants that are permitted to reside in any separate rental unit is _____. I certify that I am eligible for this certificate 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**___ (select only one) 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 operate a rental property establishment as well as all regulations and ordinances of the Town of Palm Beach Shores. I understand that if there are any violations of State or Local laws or regulations; or if I have provided false or misleading statements to the Town, my Certificate of Use may be revoked in accordance with Section 18-2 of the Town Code of Ordinances.

Please indicate whether this facility is FARR (Florida Association of Recovery Residences) certified:
Yes___ (Please provide copy of FARR Certificate) No___.

I understand the conditions required for a Certificate of Use and agree to abide by same.

Signature of Affiant/Applicant

THE STATE OF FLORIDA
COUNTY OF PALM BEACH

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

(Seal)

NOTARY PUBLIC, State of Florida

OWNER/APPLICANT DO NOT WRITE BELOW THIS LINE

-----FOR OFFICIAL USE ONLY (CERTIFICATE OF USE) -----

Date Received: _____

Location: _____

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 CERTIFICATE OF USE, THE DESCRIBED PLACE OF BUSINESS MUST BE INSPECTED AND APPROVED FOR A BUSINESS TAX RECEIPT IN ACCORDANCE WITH APPLICABLE STATE LAW AND TOWN ORDINANCES.

1. **INSPECTED BY BUILDING OFFICIAL:** Date: _____ Signature: _____

CONDITIONS OR REASONS FOR DENIAL BY BUILDING OFFICIAL:

2. **INSPECTED BY CODE ENFORCEMENT:** Date: _____ Signature: _____

CONDITIONS OR REASONS FOR DENIAL BY CODE ENFORCEMENT:

Evyonne Browning, Town Clerk

Date of Approval/Denial