

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

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**APPLICATION FOR REGISTRATION**

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All information must be printed or typed.

**APPLICATION NO.:** \_\_\_\_\_

**SUBMITTAL DATE:** \_\_\_\_\_

Pursuant to Section 18-16. of Chapter 18 of the Town of Palm Beach Shores Code Of Ordinances, any person who does not have his business operation located within the corporate limits of the Town but who comes within the corporate limits of the Town to carry on, complete, perform or engage in any type of business, is hereby required to register with the Town by filling out a registration form. Such person must provide a copy of a valid occupational license issued by another municipality and/or a county license indicating that he possesses a valid occupational license at the location of his branch or permanent office and must provide appropriate credentials and/or certificates as required by the Town. A nominal registration fee shall be charged to cover administrative costs in registering these additional businesses, occupations and professions; the amount of which registration fee shall be set forth by resolution of the Town Commission.

**DOING BUSINESS AS:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Owners Name(s):** \_\_\_\_\_

**Business Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Certification No.:** \_\_\_\_\_

**Home Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Type of business performed:** \_\_\_\_\_

In signing this application I (We) hereby state that all information provided is true and correct and agree to abide by all Ordinances, Rules and Regulations pertaining to this subject; now or hereafter passed by the Town Commission of Palm Beach Shores; or by any official empowered to issue such regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\***FOR OFFICIAL USE ONLY**\*\*\*\*\*

**Date Received** \_\_\_\_\_ **Yearly Fee** \_\_\_\_\_ **County No.** \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date