



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(5), F.S.)

Applicant's Fictitious Name Registration Number: _____
(required by Sec. 205.023, F.S.)(Copy attached or written statement as to why unnecessary)

If Contractor, State I.D. # _____

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

Applicant's Name: Individual; or
Partnership – Name and type of Partnership, and name and type of each Partner; or
Corporation –Name of Corporation, and name and capacity of each officer /director,
and 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.

TYPE OF BUSINESS PROPOSED: _____

LOCATION OF PROPOSED BUSINESS: _____
(street address)

(lot # and legal description)

THE FOLLOWING INFORMATION MUST BE PROVIDED AS APPROPRIATE TO APPLICATION:

1. Square footage of location: Total _____ Office Space _____ Storage _____
2. Any use or storage of Flammable or Explosive materials? _____
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: _____
Treatment/counseling provided on site: _____ Yes _____ No
9. **Home Occupations- Equipment used on site: _____

10. Are there any interior/exterior alterations to be performed prior to occupancy? _____
11. Number of parking spaces provided: _____
12. Copy of Partnership Agreement submitted? Yes _____ No _____
Evidence Corporation is in good standing submitted? Yes _____ No _____
Copy of Articles of Incorporation and Charter submitted? Yes _____ No _____

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

APPLICANT'S AFFIDAVIT

ALL PROPERTIES:

(I) (We) affirm and certify that (I) (We) understand and hereby consent to comply with all provisions and regulations of the Town of Palm Beach Shores, Florida. (I) (We) 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) (We) further certify that all statements, affidavits and diagrams submitted herewith are true and accurate and I (we) understand that if I (we) have provided false or misleading statements to the Town, my (our) Business Tax Receipt shall be deemed void in accordance with Sec. 18-26 of the Town Code of Ordinances. I (We) further understand that if the operation of the business or profession results in any violations of State or Local laws or regulations, my (our) Business Tax Receipt may be suspended or revoked in accordance with Section 18-22. of the Town Code of Ordinances. Further, (I) (We) 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 (We) have applied for a Business Tax Receipt to use property located at _____, Palm Beach Shores, Florida 33404 as a _____ with _____ seats (restaurant / lounge) _____ unit (hotel / motel / single family rental / apartment - multi family rental / group home facility). I (We) certify that I (we) am (are) eligible for this receipt and understand that it shall only be permitted in Zoning District _____ and that my (our) property is located in that Zoning District. I (We) **(DO / DO NOT)** provide accommodations for persons affiliated with an off-site treatment facility. I (We) understand that I (we) 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 (We) understand the conditions required for a Business Tax Receipt and agree to abide by same.

Witness

Signature of Applicant

Witness

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)-----

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

Delinquent (after October 30) _____ Penalty Paid _____

Zoning District

Number of Parking Spaces Required / Provided

Business Classification _____

FOR RENTAL PROPERTIES:

Maximum Occupant Load (property) _____

Maximum Occupant Load (rental unit) _____

BEFORE ISSUANCE OF BUSINESS TAX RECEIPT, THE DESCRIBED PLACE OF BUSINESS MUST BE INSPECTED AND APPROVED BY THE TOWN OFFICIAL(S) CHECKED BELOW:

BUILDING DEPARTMENT _____
(signature of approval)

FIRE - RESCUE _____
(signature of approval)

CODE ENFORCEMENT OFFICER _____
(signature of approval)

OTHER (specify) _____
(signature of approval)

REASON OF DENIAL AND/OR COMMENTS: _____

Authorized Signature

Date of Approval