

APPLICATION FOR BUSINESS TAX RECEIPT

Effective January 1, 2007, in the State of Florida, the term "Occupational License" was replaced with "Business Tax Receipt"

**TOWN OF PALM BEACH
P. O. BOX 2029, PALM BEACH, FL 33480
(561) 227 - 6411**

LEAVE NO SPACES BLANK PLEASE TYPE OR PRINT ALL INFORMATION

FICTITIOUS NAME REGISTRATION MUST ACCOMPANY THIS APPLICATION IF

you are doing business in a name other than your Legal Corporate name OR if your legal first AND last name are not included in your business name, then you must file a fictitious name registration with the Department of State. (www.sunbiz.org)

LEGAL BUSINESS NAME: _____ **BUSINESS TYPE:** : Inc, Corp., LLC, PA, Other. _____

DBA NAME: _____ **CHECK HERE IF SOLE PROPRIETORSHIP:** _____

NATURE OF BUSINESS: _____ **WHEN DO YOU PLAN TO OPEN:** _____

BUSINESS DESCRIPTION: _____
Attach separate sheet if necessary. If you are a retail business, tell us what you sell, if you are an office use, tell us what you do

BUSINESS ADDRESS: _____ **SUITE #:** _____

MAILING ADDRESS (IF DIFFERENT) _____

BUSINESS PHONE () _____ **BUSINESS FAX ()** _____

CELL PHONE # () _____ **EMAIL ADDRESS:** _____ **WEBSITE:** _____

***FEDERAL TAX ID#** _____ **FL SALES TAX #** _____

SQUARE FOOTAGE OCCUPIED (Gross Leasable Space): _____ **WHAT FLOOR? 1ST FL** _____ **2ND FL** _____ **3RD FL** _____ **other** _____

PROPERTY OWNER / LANDLORD'S NAME & PHONE #: _____

PREVIOUS TENANT: _____ **PROPERTY CONTROL NUMBER: 50-43-** _____ **-** _____ **-** _____ **-** _____ **-** _____

_____ **PLEASE ATTACH DETAILED FLOOR PLAN (if checked)**

APPLICANT NAME: _____
FIRST NAME _____ **FULL MIDDLE NAME** _____ **LAST NAME** _____

DATE OF BIRTH (MM/DD/YY): _____ ***SS#** _____ **-** _____ **-** _____

HOME ADDRESS: _____ **CITY, ST., ZIP** _____

PHONE : () _____ **POSITION WITH THE BUSINESS:(Owner, Officer, Licensee, etc)** _____

DATE OF HIRE _____ **EMAIL ADDRESS:** _____

CERTIFICATION/LICENSE # _____ **CERTIFICATION EXP. DATE** _____
(Please include a copy of your certification/license: i.e. Brokers/RE Sales License, CRD#, Cosmetologist license #, etc)

LIST ALL CORPORATE OFFICERS / DIRECTORS & REGISTERED AGENT: USE SEPARATE SHEET IF NECESSARY.

1.	_____	_____	_____	_____	_____
	FIRST NAME	MIDDLE INIT	LAST NAME	DATE OF BIRTH	ADDRESS
2.	_____	_____	_____	_____	_____
	FIRST NAME	MIDDLE INIT	LAST NAME	DATE OF BIRTH	ADDRESS
3.	_____	_____	_____	_____	_____
	FIRST NAME	MIDDLE INIT	LAST NAME	DATE OF BIRTH	ADDRESS

INCOMPLETE OR MISLEADING APPLICATIONS WILL BE REJECTED. ALL LINES MUST BE COMPLETE. IF NOT APPLICABLE, PLEASE INDICATE WITH N/A.

* Required by State Statute FS205.

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL TOWN ORDINANCES COVERING THE OCCUPATION DESCRIBED HEREIN:

DATE: _____ **SIGNATURE OF APPLICANT:** _____

OFFICE USE ONLY: APPROVALS:

PERTINENT DATA TO JUSTIFY BUSINESS CLASSIFICATION:

BUSINESS CATEGORY: _____ **FEE :** _____

BUSINESS CODE: _____ **PAID BY CHECK #:** _____

BUSINESS TAX RECEIPT # _____

ACTIVITY # _____ **CUSTOMER #** _____

NOTES/PREVIOUS TENANT AT THIS ADDRESS: _____