



Town of Palm Beach
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APPLICATION FOR PALM BEACH LOCAL BUSINESS TAX RECEIPT

NEW Business Tax Receipt
CHANGE/TRANSFER (Circle): *Location* *Ownership* *Legal Business Name* *Db Name* *Applicant*

*****MUST SURRENDER ORIGINAL CURRENT BUSINESS TAX RECEIPT*****

PLEASE LEAVE NO SPACES BLANK

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

EVIDENCE OF REGISTRATION WITH THE STATE OF FLORIDA, DIVISION OF CORPORATIONS OF YOUR LEGAL BUSINESS NAME AND FICTITIOUS NAME REGISTRATIONS 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, Division of Corporations. (www.sunbiz.org)

NOTE: NEW BUSINESSES OR CHANGE OF LOCATION ADDRESS MUST PROVIDE A DETAILED FLOOR PLAN AND COMPLETE PARKING STATEMENT. INCOMPLETE OR MISLEADING APPLICATIONS WILL BE REJECTED. ALL LINES MUST BE COMPLETE. IF NOT APPLICABLE, PLEASE INDICATE WITH N/A. *Required by State Statue FS205

WHEN DO YOU PLAN TO OPEN: _____

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

Must provide evidence of registration with State of Florida, Division of Corporations (www.sunbiz.org)

Sole Proprietorship: _____

DBA NAME: _____

Must provide evidence of registration of Fictitious Name with State of Florida, Division of Corporations (www.sunbiz.org)

NATURE OF BUSINESS: _____

BUSINESS DESCRIPTION/DESCRIBE ALL ACTIVITIES THAT WILL TAKE PLACE AT THIS LOCATION. _____
 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-____-____-____-____-____-____-____-____

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

1.	FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	ADDRESS
2.	FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	ADDRESS

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.)

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/PROFESSION/BUSINESS DESCRIBED HEREIN:

DATE: _____ SIGNATURE OF APPLICANT: _____

OFFICE USE ONLY:	APPROVALS:
PERTINENT DATA TO JUSTIFY BUSINESS CLASSIFICATION: _____	

CATEGORY: _____	CODE: _____ FEE: _____ PAID BY: _____
ACTIVITY# _____	BTR# _____ CUSTOMER # _____

PARKING STATEMENT

New businesses or change of location requests MUST provide a detailed parking statement which includes details of all available on-site and off-street parking, including information regarding the number of parking spaces designated for employee use.

- PROVIDE NUMBER OF OFF-STREET (ON-SITE) PARKING SPACES AVAILABLE FOR EMPLOYEES ON THE SUBJECT PROPERTY: _____
- PROVIDE NUMBER OF EMPLOYEES/STAFF PER SHIFT: _____
- INDICATE LOCATION WHERE EMPLOYEES PARK OFF-SITE: _____

“A FEW QUICK FACTS”

- ✓ Change of business location requires zoning approval, a new application, payment of a transfer fee and surrender of the current business tax receipt.
- ✓ Change of ownership requires proof of sale of business, a new application, payment of transfer fee and surrender of the current business tax receipt.
- ✓ No business tax receipt will be issued until applicable Town, County and State laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.
- ✓ If your profession or business is certified by the Department or Department of Health, you must attach a copy of your certification, registration, or license to the local BTR application.
- ✓ Restaurants are subject to State and County requirements (licensing, inspections, etc.) in addition to local regulations imposed by the Town. A copy of the State approved inspection report must be attached to the local BTR application.

REMEMBER TO ATTACH THE FOLLOWING DOCUMENTS

FOR ALL NEW BUSINESSES

- Registration of your Legal Business Name with the State of Florida Division of Corporations (www.sunbiz.org)
- Registration of your dba/fictitious name with the State of Florida Division of Corporations (www.sunbiz.org)
- Copy of any applicable license (from DBPR, DOH, etc)
- Copy of dimensioned floorplan showing surrounding spaces

FOR CHANGES TO AN EXISTING BUSINESS TAX RECEIPT YOU MUST ALWAYS

- Surrender original current business tax receipt

ALSO, YOU MAY HAVE TO PROVIDE THE FOLLOWING (DEPENDING UPON CHANGE BEING MADE)

- Registration of your Legal Business Name with the State of Florida Division of Corporations (www.sunbiz.org)
- Registration of your dba/fictitious name with the State of Florida Division of Corporations (www.sunbiz.org)
- Copy of any applicable license (from DBPR, DOH, etc)
- Copy of dimensioned floorplan showing surrounding spaces