



PALM BEACH GARDENS
"A unique place to live, learn, work & play"

**CITY OF PALM BEACH GARDENS
BUSINESS TAX APPLICATION
FOR STATE LICENSED PROFESSIONALS**

Business Services

Phone: 561-799-4216 Fax: 561-799-4211

NEW ADDRESS CHANGE NAME CHANGE

***BUSINESS TAX RECEIPTS EXPIRE SEPTEMBER 30TH
and MUST BE RENEWED ANNUALLY TO REMAIN COMPLIANT!***

FOR OFFICE USE ONLY

EXPEDITED ROUTE

MISSING DOCUMENTS SCAN

<p>(1) Professional Name: _____</p> <p>Business Name: _____</p> <p>Primary Address of Business: _____</p> <p>Suite: _____ Business Phone: _____</p> <p>Email: _____</p>	<p>Professional Mailing Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Emergency Contact Name: _____</p> <p>Emergency Contact Phone: _____</p>
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(2) SPECIALTY TAX RECEIPT INFORMATION (If Applicable)

Professional Social Security # _____

Start date at this location: _____ Title: _____

Is the professional licensed through the State of Florida? YES / NO (Please attach copy of applicable state licenses)

Does the professional work at multiple locations in Palm Beach Gardens? YES / NO (If yes, please list other locations)

(5) FICTITIOUS NAME EXEMPTION

Per section 205.023 of the Florida Statutes, the business is not required to comply with the Fictitious Name Act for the following reasons:

_____ I am a new professional adding to an existing office which is current with their business tax receipt with the City of Palm Beach Gardens.

Your Business Tax Application will be issued under the provisions of **Palm Beach Gardens Code Sec. 66-37**. Completion of an application does not constitute issuance of a Business Tax Receipt and therefore does not permit the operation of the business for which a business tax receipt has been applied until the Business Tax Receipt is **ISSUED**. Your business must comply with all applicable Chapters and Sections of the City's Code of Ordinances. It is the responsibility of the business to confirm all business signage and business use is in accordance with the City's Land Development Regulations prior to filing an application for a Business Tax Receipt. Issuance of the Business Tax Receipt is neither an endorsement nor certification of compliance with other ordinances or laws.

I hereby certify under penalty of perjury that I have read and understand the above statements, and that the information provided above is true and correct to the best of my knowledge and ability.

(Signature of Owner or Agent for the business)

Print Name: _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) Type of Identification Produced _____

Personally Known ____ OR Produced Identification _____



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

Sec. 17-17 of PBC Ordinance No. 72-7.

No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.

www.pbctax.com

Application For Palm Beach County Local Business Tax Receipt

#1: BUSINESS INFORMATION (To be completed by applicant):

****Instructions & checklist on reverse side****

Check Applicable Box: New Business Transfer of Address Transfer of Ownership Business Name Change
 Other _____

Existing PBC LBTR # (if applicable): _____

Corporation/Business Name: _____

Fictitious/DBA/Trade Name: _____

Division of Corporations requires registration of a fictitious name. Submit copy of registration with this application.

Owner/Applicant Name: _____

Federal Employer ID #: _____ ****OR**** Social Security #: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Applicant/Business Start Date at Location: _____ Business Phone Number: _____

Mailing Address (if different above): _____ City: _____ State: _____ ZIP: _____

E-Mail address: _____

Nature of Business: _____ ****OR**** Profession: _____
(Landscape, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Maximum Number of: Employees: _____ Machines: _____ Rooms: _____ Restaurant seating: _____

Were you issued a Notice of Non-Compliance? Yes _____ No _____

I certify, under penalty of law, that the above information is true and correct, and I understand that any false statements could result in penalties as provided by law.

Signature: _____ Title: _____
(Agent, Owner, Rep.)

#2: PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL ****See reverse side for details on zoning****

Municipal/City Zoning Approval: _____ Title: _____

Additional Fees May Apply

Unincorporated Zoning Approval/Planning Zoning & Building Approval: _____ Title: _____

PCN: _____ ePZB Application Number: _____ Date: _____

Control Number: _____ Resolution Number: _____

Use pursuant to the PBC ULDC Article 4 supplementary use standards: _____

PZ&B - Check box if approval from department is required***

Regulator Signature required on line, when approval has been granted***

Zoning (U No.) _____ Fire Marshall _____

Compliance _____ Health Department _____

Building _____ Hotel & Restaurant _____

NAICS Code _____ Prior Use of Bay/Bldg. _____

Other _____ Cnty Home Based Affidavit _____

FOR TCO OFFICE USE ONLY

LBTR#/Account #: _____ State/County License Cert #: _____

CSS / SCSS: _____ Date: _____ Field Service Approval: _____

NAICS Code _____ TOTAL FEE DUE: \$ _____ Receipt #: _____



Application Requirement Guide for Local Business Tax Receipt

APPLICATION REQUIREMENT GUIDE (CHECKLIST)

****Please complete application on reverse side.****

- COMPLETE APPLICATION (box #1 on reverse side)**
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION (if applicable):** www.sunbiz.org
- OBTAIN ZONING APPROVAL from the following (box #2 on reverse side):**
 - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval).
 - Unincorporated - Palm Beach County Zoning Approval (If business is located in unincorporated Palm Beach County) submit this application to Palm Beach County Planning, Zoning & Building for approval [2300 N. Jog Rd. West Palm Beach-Vista Center (561-233-5200)].
 - Unincorporated Home Based Business - Form #103 must be completed.
- COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE (if applicable):**
 - Dept. of Business and Professional Regulation(850) 487-1395
 - Palm Beach County Dept. of Health(561) 840-4500
 - State of Florida Dept. of Health(850) 488-0595
 - Palm Beach County Construction Industry Licensing Board(561) 233-5525
 - State of Florida, Dept. of Agriculture and Consumer Services(800) 435-7352
 - Florida Division of Hotel & Restaurants(850) 487-1395
 - Florida Office of Financial Regulation(850) 410-9805

NOTE: Price quotes are only valid if received and posted in the Tax Collector's Office within the same month of quote.

This receipt is in addition to and not in lieu of any license or receipt required by law or city ordinance and is subject to regulations of zoning, health and any other lawful authority Section 17-17 of Palm Beach County Ordinance No. 72-7.

For more information, call (561) 355-2264 or visit our website at www.pbctax.com.

Mail completed application to: Palm Beach County Tax Collector
 Attn: Business Tax Department
 P.O. Box 3715
 West Palm Beach, FL 33402-3715

Visit any of these locations with the completed application: (Monday – Friday 8:15 am to 5:00 pm)

Belle Glade Service Center
 PBC Glades Office Building
 2976 State Road 15
 Belle Glade, FL

Lake Worth Service Center
 3551 South Military Trail
 Lake Worth, FL

Royal Palm Beach Service Center
 200 Civic Center Way
 Royal Palm Beach, FL

Delray Beach/South County Service Center
 501 South Congress Ave
 Delray Beach, FL

Palm Beach Gardens/NE County Courthouse Service Center
 3188 PGA Blvd
 Palm Beach Gardens, FL

West Palm Beach/Downtown Service Center
 301 North Olive Avenue, Room #101
 West Palm Beach, FL



CITY OF PALM BEACH GARDENS
Business Services Division
10500 N. MILITARY TRAIL
PALM BEACH GARDENS, FLORIDA 33410-4698
Phone: 561-799-4216 email: business@pbgfl.com

Go **GREEN** with **eRenewals** & **eNotices**!

The City of Palm Beach Gardens is proud to announce that the Business Services Division is going Green! Beginning the 2016 – 2017 Business Tax Renewal Season, you will have the option to receive your business tax renewal notice by email. By returning this form it will allow us to provide your business with most recent renewal updates, missing document notices, or any additional notifications. Please fill out this form in its entirety and return to the Business Services Division at the address listed above.

Please note, **if your business has moved, business name or ownership has changed, or square footage of business has changed**, a new application for approval must be submitted prior to the issuance of a new business tax receipt.

- Yes, Sign my business up for eRenewals & eNotices.
- No, Do not sign my business up, keep mailing out my renewal notices.

Business Information

Business Name: _____

Address:

<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Business Phone: _____ **Alternate Phone:** _____

Email Address: _____

Current Sq. Ft.: _____

Emergency Contact Information

Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>
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Address:

<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Primary Phone: _____ **Alternate Phone:** _____

Alternate Email: _____

Authorized Agent

Print Name: _____ **Signature:** _____ **Date:** _____