



## Application Requirement Guide for Local Business Tax Receipt

### APPLICATION REQUIREMENT GUIDE (CHECKLIST)

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

- COMPLETE APPLICATION (first box on reverse side)**
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION (if applicable):** [www.sunbiz.org](http://www.sunbiz.org)
- OBTAIN ZONING APPROVAL (one of the following):**
  - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval). **\*\*OR\*\***
  - 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].
- COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE (if applicable):**
  - Dept. of Business and Professional Regulation (850-487-1395)
  - Child Care Facilities must be registered by Palm Beach County Dept. of Health (561-840-4500)
  - State of Florida Dept. of Health (850-488-0595)
  - Certified Contractors must be licensed by Palm Beach County Construction Industry Licensing Board (561-233-5525) or Department of Business and Professional Regulation (850-487-1395)
  - State of Florida, Dept. of Agriculture and Consumer Services (800-435-7352) for food outlets, auto repair, health and dance studios, telemarketers and travel agencies must provide permit, registration or exemption.
  - Restaurateurs and mobile food unit operators must provide a copy of approved inspection report from the Division of Hotel & Restaurants (850-487-1395) or obtain an authorizing signature on the application (reverse side).
  - Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State of Florida Office of Financial Regulation (850-410-9805).

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

**Palm Beach County Local Business Tax Receipt is in addition to, not in lieu of, any license required by law or municipal ordinance (County Ordinance 72-7).**

Further information can be obtained by calling (561) 355-2272 or visiting our website: [www.taxcollectorpbc.com](http://www.taxcollectorpbc.com)

**Mail completed application to:** Palm Beach County Tax Collector  
 Attn: Business Tax Department  
 P.O. Box 3353  
 West Palm Beach, FL 33402-3353

**\*\*OR\*\***

**Visit one of our 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  
 West Palm Beach, FL





## Application For Palm Beach County Local Business Tax Receipt

### 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  
 New Business Tax Receipt  Other \_\_\_\_\_

Current Business Tax Receipt # (if applicable): \_\_\_\_\_

Business/DBA/Trade Name: \_\_\_\_\_  
 (Division of Corporations requires registration of a fictitious name. Copy of registration must accompany this application)

Corporation / Business Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ **\*\*OR\*\*** Social Security #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date in business at this 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.)

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

Municipal/City Zoning Approval: \_\_\_\_\_ Title: \_\_\_\_\_

**\*\*OR\*\*** Unincorporated Zoning Approval/  
 Planning Zoning & Building Approval: \_\_\_\_\_ Title: \_\_\_\_\_

PZ&B - Place initials in box if approval from department is required\*\*\* Regulator Signature required on line, when approval has been meet \*\*\*

<input type="checkbox"/> Zoning (U No.) _____	<input type="checkbox"/> Fire Marshall _____
<input type="checkbox"/> Compliance _____	<input type="checkbox"/> Health Department _____
<input type="checkbox"/> Building _____	<input type="checkbox"/> Hotel & Restaurant _____
<input type="checkbox"/> NAICS Code _____	<input type="checkbox"/> Prior Use of Bay/Bldg. _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Cnty Home Based Affidavit _____

### FOR TCO OFFICE USE ONLY (Signature and title designates approval)

LBTR#/Account #: \_\_\_\_\_ Branch Office: \_\_\_\_\_ CURRENT YR

Till number: \_\_\_\_\_ State/County License Cert #: \_\_\_\_\_ 1 YR

NAICS Code: \_\_\_\_\_ Receipt #: \_\_\_\_\_ 2 YR

Cust. Relations Guide/ CRA: \_\_\_\_\_ 3 YR

Date: \_\_\_\_\_ Field Service Approval: \_\_\_\_\_ 4 YR

TOTAL FEE DUE : \$ \_\_\_\_\_ 5 YR

