



VILLAGE OF TEQUESTA | BUILDING DEPARTMENT  
345 Tequesta Dr. • Tequesta, FL 33469-0273  
Phone: (561) 768-0450 • Email: [permits@tequesta.org](mailto:permits@tequesta.org)

## **Submittal Requirements for a Village of Tequesta Business Tax Receipt**

- **Commercial Business**
  - We strongly suggest you speak with Planning & Zoning prior to signing a lease or applying. You can call the Planner at 561-768-0449.
  - Village of Tequesta Business Tax Receipt Application
  - Palm Beach County Business Tax Application
  - Floor Plan (see attached examples)
  - Affidavit of Acknowledgement for Building Permit
  - [Articles of Incorporation](#) and/or [Fictitious Name Registration](#)
  - Copy(s) of State License (if applicable)
  - Retail / Wholesale Affidavit or Restaurant Seating Affidavit (if applicable)
  - Copy of Non-Profit (501-C3) Exemption Certificate, (if applicable)
- **Home-Based Business**
  - Village of Tequesta Business Tax Receipt Application, and Home-Based Affidavit
  - Palm Beach County Business Tax Application
  - [Articles of Incorporation](#) and/or [Fictitious Name Registration](#)
  - If applicable, copy of State License or Certificate of Competency (This requirement varies)
  - Please note if you are renting, the landlord must sign the Tequesta Application
- **State Licensed Professional**
  - Village of Tequesta Business Tax Receipt Application (**MUST include employers FEIN or applicant's SS#, and Start Date on application**)
  - Palm Beach County Business Tax Application
  - State License

**Note:** As information is provided, additional details may be requested to satisfy all disciplines. Additional permits, inspections, or reviews may be required depending on scope of the proposed use, renovations or site conditions



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Date Received: \_\_\_\_\_  
 Commercial:  Residential:

## **BUSINESS TAX RECEIPT APPLICATION**

NEW    CHANGE OF ADDRESS    CHANGE OF NAME    CHANGE OF OWNERSHIP    NEW PROFESSIONAL

Corporation/Business Name: \_\_\_\_\_ Fictitious Name/DBA: \_\_\_\_\_

Individual/Applicant Name: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Primary (Tequesta) Address: \_\_\_\_\_ Suite# \_\_\_\_\_ Tequesta, FL 33469

Mailing Address (If different): \_\_\_\_\_

Start of Business Date in Village of Tequesta: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Square Footage of Occupancy: \_\_\_\_\_ Previous Use/Occupancy: \_\_\_\_\_

### Landlord/Property Owner Information *(Commercial businesses only)*

Landlord Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any renovations required and/or planned in order to occupy the proposed space?  Yes  No If yes, Permit \_\_\_\_\_

Do you store hazardous materials or flammable materials?  Yes  No

### **(THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS)**

- Is this considered a Formula Business: Yes  No:

*Formula Business* - means an establishment that offers health care, medical, dental, personal service, or real estate services with a standardized array of services and/or merchandise, employee uniforms, decor, facade design, signage, color scheme, trademark or service mark, name, or similar standardized features; and is one of a chain or group of ten or more in the nation

Continued on Reverse Side

# NARRATIVE OF BUSINESS *(Required)*

Business Name: \_\_\_\_\_ Individual's Name: \_\_\_\_\_

Please provide a detailed narrative of your business:

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I certify that I have read this application and that the statements contained herein (including the Narrative of Business) are true and correct to the best of my knowledge. I also acknowledge that a renewal notice from the Village of Tequesta will be sent as a courtesy, ut is not required. Failure to pay the annual business tax on or before September 30<sup>th</sup> of each year will result in late penalties as prescribed in the Village Code of Ordinances and Florida Statute 205 whether or not a renewal notice is received.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, By \_\_\_\_\_ means of physical presence / online notarization by: \_\_\_\_\_  
*(Name of person making statement)*

Who is personally known to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
*(Signature of Notary)*

[ NOTARY STAMP ]

## FOR OFFICE USE ONLY

Zoning District: \_\_\_\_\_

Change of Use Process Required? (Yes / No)

Community Development Signature: \_\_\_\_\_

Date:



**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](http://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 #: \_\_\_\_\_



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**CONSTITUTIONAL TAX COLLECTOR**  
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**Sec. 17-17 of PBC Ordinance No. 72-7.**

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## 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](http://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](http://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

**Central Palm Beach Service Center**  
 4215 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



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## **AFFIDAVIT OF ACKNOWLEDGEMENT FOR BUILDING PERMIT**

**Business Name:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

Are you planning on renovating this business location?

**Please check the appropriate box:**

YES

NO

The following list of renovation work requires a Building permit application to be submitted to the Village of Tequesta Building Department. This list consists of but is not limited to:

- 1.) Installation of new or relocated walls, ceilings, windows, doors, soffits, and fixed cabinetry, etc.
- 2.) Any new or relocated electrical wiring and/or installation of electrical equipment, receptacles, lighting, fans, voice/DATA outlets, CCTV, Sound, Fire Alarm, Fire Sprinklers, etc.
- 3.) Any new, relocated or replaced water heaters, sinks, toilets, drinking fountains or general repairs to the sanitary or water supply.
- 4.) Any new, relocated or replaced air conditioning equip., duct work, refrigeration equip., exhaust or fans.
- 5.) Any flooring where the floor elevation may change above the existing entry/exit door thresholds.

**You may contact the Building Dept. at 561-768-0450 if you have any questions pertaining to permits.**

**To Whom It May Concern,**

**This affidavit is to acknowledge that I, \_\_\_\_\_, the above listed business owner, have been informed that a Building permit is required for any renovation work to this business address. I am also aware that additional penalties may incur if renovation work is performed without obtaining a Building permit.**

**Business Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Proposed Business Floor Plan\*

Business Name: _____
Address: _____

\*Use this form if architectural drawing is not available.

Adjacent Use: \_\_\_\_\_ (required)


Adjacent Use: \_\_\_\_\_ (required)

(Front Entrance)

# Example

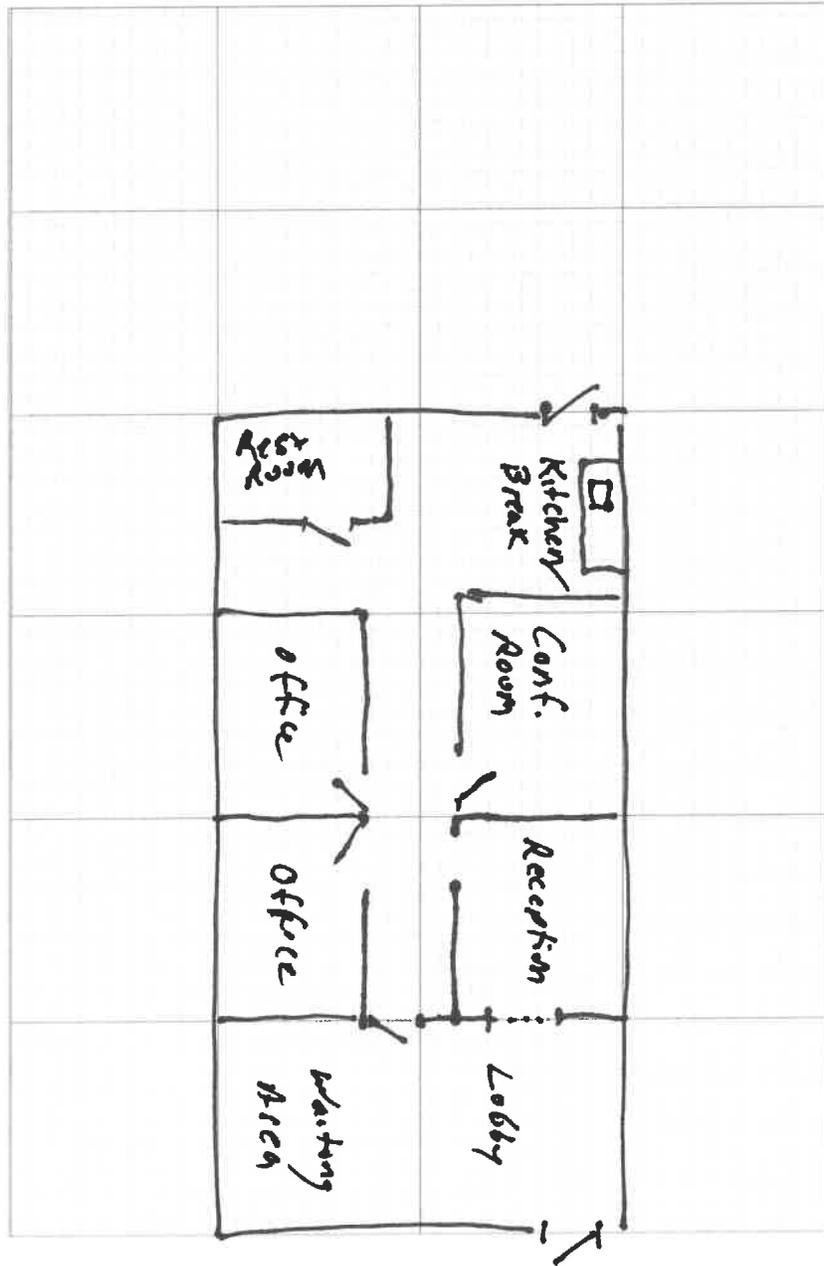
## Proposed Business Floor Plan\*

Business Name: Example Business, Inc.

Address: \_\_\_\_\_

\*Use this form if architectural drawing is not available.

Adjacent Use: Day Care Center (required)



(Front Entrance)

Adjacent Use: Hair Salon (required)



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## HOME BUSINESS TAX RECEIPT AFFIDAVIT

Sec. 78-515. Conditions for operation.

Home occupations shall only be allowed that meet the following regulations, conditions and requirements:

- (1) No home occupation shall be permitted without the prior issuance of a home occupation permit and the payment of a permit fee as set by resolution of the village council and on file in the village clerk's office.
- (2) The home occupation shall be incidental to the principal use of the premises as a residence.
- (3) The home occupation shall not detract from the residential character of the neighborhood.
- (4) The area set aside for home occupations shall not exceed 25 percent of the total conditioned floor area of the residence.
- (5) The home occupation shall be operated entirely within the applicant's residence or allowed accessory structure.
- (6) Only members of the immediate family permanently residing on the premises shall be employed in the home occupation.
- (7) Merchandise shall not be displayed, stored or offered for sale either within or outside of the residence.
- (8) The operation of any wholesale or retail business, unless it is conducted entirely by mail, and does not involve the sale, shipment, or delivery of merchandise, is prohibited.
- (9) No alteration of the residential appearance of the premises shall occur, including the creation of a separate entrance to the residence or utilization of an existing entrance exclusively for the business.
- (10) No process shall be used which is hazardous to the public health, safety or welfare.
- (11) No more than two home occupations shall be permitted within any single residence, with no

Acknowledgement by Applicant:

increase in allowable use area granted for the additional use.

- (12) The home occupation shall not display any external evidence of an occupation outside the structure (residence).
- (13) The home occupation shall not provide for the use or storage of tractor-trailers, semi trucks, step vans, or heavy equipment such as construction equipment.
- (14) The home occupation shall produce no noise or obnoxious odors, dust, fumes, vibration, glare or electrical interference detectable to normal sensory perception outside the residence or accessory structure.
- (15) The home occupation shall not require any additional parking beyond that required to be provided within the residential district as set forth in the village's parking regulations.
- (16) There shall be no advertising, display, or other indications of a home occupation on the residential premises.
- (17) No hazardous, highly explosive or combustible material shall be used or stored on the premises.
- (18) Deliveries from commercial suppliers may not be made more than once each week, and the deliveries shall not restrict traffic circulation or block neighboring properties.
- (19) No motor power other than electrically operated motors shall be used in connection with a home occupation. Electrically operated motors shall not exceed one horsepower (hp).
- (20) No equipment or process shall be used which creates visual or audible electrical interference in any radio or television receiver off the premises or causes fluctuations in line voltage off the premises

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Name (Signature)

Date

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Name (Printed)