



THE VILLAGE OF NORTH PALM BEACH
701 U.S. HIGHWAY 1 • SUITE 100 • NORTH PALM BEACH, FLORIDA 33408
561.841.3365 • CDPLANNER@VILLAGE-NPB.ORG • WWW.VILLAGE-NPB.ORG

BUSINESS TAX RECEIPT CHECK LIST & APPLICATION

Business Tax Receipt Checklist

- Please allow a minimum of five (5) business days for approval of application.
- Completed North Palm Beach Business Tax Receipt Application.
- Completed Palm Beach County Business Tax Receipt Application.
- Include a copy of Articles of Incorporation or proof of Fictitious Name Registration (www.sunbiz.org).
- Federal ID or SSN with a letter from the IRS.
- Copy of your state driver's license with current address.
- Copy of lease agreement or property owner acknowledgment.
- Completed proposed business floor plan.
- Copies of State or County Certifications (if applicable):
 - Department of Business & Professional Regulations 850.487.1395
 - Florida Division of Hotels & Restaurants 850.487.1395
 - Department of Agriculture & Consumer Services 800.435.7352
 - Office of Financial Regulation 850.410.9805
 - State of Florida Department of Health 850.488.0595
 - Palm Beach County Construction Industry Licensing Board 561.233.5525
 - Palm Beach County Department of Health 561.840.4500
- Completed Merchant Affidavit (if applicable)
- Copy of Bill of Sale signed by buyer and seller (if change of ownership)
- Complete Commercial Business Tax Receipt Fee Worksheet.
- Payment in full. Fees are calculated upon submission and will include a fire inspection fee. They are based on the type of business, number of licensed professionals, and/or other factors. Acceptable forms of payment include a check or credit card.

Please submit all of the above through email to cdplanner@village-npb.org or in person during normal business hours to our office at:

Village of North Palm Beach
Community Development Department
701 U.S. Highway 1, Suite 100
North Palm Beach, Florida 33408

For more information, call 561.841.3365 or visit our website at www.village-npb.org/155/Business-Tax-Receipts.





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BTR #: _____
 (Office Use Only)

Date Received
 (Office Use Only)

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 (NPB) Address: _____ Suite# _____ North Palm Beach, FL 33408

Mailing Address (If different): _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

E-Mail Address: _____ Website Address: _____

Start of Business Date in North Palm Beach: _____ Type of Business: _____

Number of Employees: _____ Square Footage of Occupancy: _____ Previous Use/Occupancy: _____

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

Name: _____ 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

State License Professionals

Name	Profession	License Number <i>(Attach copy of license)</i>
1. _____	_____	_____
2. _____	_____	_____

Emergency Contact *(After hours contact information, commercial businesses only)*

Name	Address	Phone
1. _____	_____	_____

Adult Entertainment (THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS!)

Does the proposed business usage constitute an adult dancing establishment as defined in the Palm Beach County Adult Entertainment Code? Yes No

Does the proposed business usage constitute an adult theatre as defined in the Palm Beach County Adult Entertainment Code? Yes No

Does the proposed business usage constitute an adult bookstore/video store as defined in the Palm Beach County Adult Entertainment Code? Yes No

Does the proposed business usage constitute an adult activity that would require an adult entertainment license in accordance with the Palm Beach County Adult Entertainment Code? Yes No

Describe the live entertainment that will be performed using the Narrative for Business form on Page 2 of this application. If live entertainment includes dancing of any type, you must specify the type of dancing and the state of dress or undress of the dancers.

NARRATIVE OF BUSINESS *(Required)*

Business Name: _____ Individual's Name: _____

Please provide a detailed narrative of your business:

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 North Palm Beach will be sent as a courtesy, but is not required. Failure to pay the annual business tax on or before September 30th 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)



FOR OFFICE USE ONLY

Payment Received: Check Credit Card

Zoning Classification: _____

Change of Use Process Required? (Yes / No)

Signature/Zoning Compliance Officer: _____

Date: _____

Signature/Code Compliance Officer: _____

Date: _____

Signature/Fire Inspector: _____

Date: _____

Signature/Building Official: _____

Date: _____

Fee: \$ _____

Fire Inspection Fee: \$ _____

Penalty: \$ _____

TOTAL: \$ _____

Call For Pick Up (OR) Mail