BUSINESS TAX RECEIPT CHECK LIST & APPLICATION

Business Tax Receipt Check List

☐ 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 copy of Articles of Incorporation or proof of Fictitious Name Registration (www.sunbiz.org).

☐ Home-based Business Affidavit (if applicable)

☐ Copy of lease agreement or property owner acknowledgement

☐ Copy of floor plan from property owner that includes suite/unit numbers (if applicable)

☐ 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

☐ 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 cash, check or credit card (additional fee applies to payments made by credit card).

Please submit all of the above in person during normal business hours to our offices in The Shops at Village Square:

Village of North Palm Beach
420 U.S. Highway 1, Suite 21
North Palm Beach, Florida 33408

For more information, call 561.841.3365 or visit our website at www.village-npb.org.
BUSINESS TAX RECEIPT APPLICATION

Date Received
(Office Use Only)

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

Corporation/Business Name: __________________________________________ Fictitious Name/DBA: ________________________________

Individual/Applicant Name: ______________________________________ Federal ID# or Social Security # (Required): __________

Primary (NPB) Address: __________________________________________ Mailing Address (If different): __________________________

Suite# __________________________________ North Palm Beach, FL, 33408

Phone Number: __________________ Fax Number: ___________________ Cell Number: __________________

E-Mail Address: __________________ Website Address: ________________

Start of Business Date in North Palm Beach: __________________________

Type of Business (Please be specific. Narrative of Business on reverse side is also required): ________________________________________

Number of Employees: __________ Square Footage of Occupancy: __________ Previous Use/Occupancy: _______________________

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 (Attach copy of license) __________________________________________________________________

1. ______________________________________________________________________________

2. ______________________________________________________________________________

Emergency Contacts (After hours contact information, commercial businesses only)

Name ____________________________________________________________________________

Address __________________________________________________________________________

Telephone Number __________________________________________________________________

1. ______________________________________________________________________________

Specialty Information (If applicable)

Restaurant – No of Seats: _______ Hotel/Apartments – No of Units: _______ Coin Operated or Vending – No of Machines: _______

Boat Spaces – No of Spaces: _______ Fuel Dispensers – No of Pumps: _______ Taxi/Transportation: No of Vehicles: _______

Retail & Wholesale Merchants – Average Yearly Inventory at your cost: $ __________ Other (Specify): _________________

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. Continued on Reverse Side
NARRATIVE OF BUSINESS (Required)

Business Name: ___________________________ Individual’s Name: ___________________________

Please provide a detailed narrative of what your business is: ______________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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 was received.

Printed Name: ___________________________ Title: ___________________________

Signature: ___________________________ Date: ___________________________

The forgoing instrument was acknowledged before me this _______ day of ____________, 20__, by:

_________________________________________
(Name of person making statement)

Who is personally known to me _____ or has produced _______________ as identification.  
Who did / did not take an oath.

_________________________________________
(Signature of Notary)

FOR OFFICE USE ONLY

☐ Completed NPB Application ☐ Completed PB County Application ☐ Articles of Incorporation/Fictitious Name
☐ Copy of State/County License ☐ Home-Based Business Affidavit ☐ Payment Received: Check # ____________
☐ Copy of Lease or Property Ownership

Zoning Classification: ___________________________

Signature/Zoning Compliance Officer: ___________________________

Signature/Code Compliance Officer: ___________________________

Signature/Fire Inspector: ___________________________

Change of Use Process Required? (Yes / No)

Date: ___________________________

Date: ___________________________

Date: ___________________________

Fee: $_____________ Penalty: $_____________ Fire Inspection Fee: $_____________

Transfer: $_____________ Unpaid Fees: $_____________ Credit Card Fee: $_____________

TOTAL: $_____________
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  

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:  
(Landscaper, Cleaning Service, etc.)  
**OR** Profession:  
(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 #:  

Revised 5-06-2015
APPLICATION REQUIREMENT GUIDE (CHECKLIST)

☐ 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 .........................................................(561) 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

Revised 5-06-2015
HOME-BASED BUSINESS
TAX RECEIPT AFFIDAVIT

Before me, the undersigned authority, ___________________________,

(personal name)

personally appeared and upon oath deposes and states:

1. Affiant is an applicant and a permanently domiciled resident for a Business Tax Receipt for a
Home-based Business within the Village of North Palm Beach.

2. Affiant has read and understands the standards and conditions set forth in Village Ordinance 17-3.

3. Affiant understands and acknowledges that signage and storage of commercial vehicles is strictly
prohibited at a Home-based Business.

4. Affiant hereby acknowledges that a departure from the standards and conditions of Village
Ordinance 17-3 may result in suspension or termination of the Business Tax Receipt; and

The Village shall have the right to reasonably inspect the premises upon which the Home-based
Business is conducted to ensure compliance with the foregoing standards and conditions, and to
investigate complaints, if any, from neighbors.

AFFIANT
SIGNATURE: ___________________________ DATE: ________________

PRINTED NAME: __________________________________________

BUSINESS NAME: __________________________________________

ADDRESS: ________________________________________________

PHONE: ___________________________ FAX: _____________________

State of Florida, County of _____________________________
The foregoing instrument was acknowledged before me this ________ day of
________________, 20__ by __________________________, (Affiant)
who is personally known to me ___________ produced identification ___________
Type of Identification produced ____________________________

_________________________________
Signature of Notary
(a) **Home occupations as permitted uses.** Home occupations shall be permitted uses within R-1 Single-family Dwelling District, R-2 Multiple-family Dwelling District and R-3 Apartment Dwelling District, and mixed-use Residential/Commercial PUDs.

(b) **Definition.** Home occupation is defined to mean any activity for which a business tax receipt of the Village of North Palm Beach is required by law, which is conducted within a dwelling unit in a residential district.

(c) **Business tax receipt required.** It shall be a violation for any person to conduct a home occupation without first obtaining a business tax receipt therefor issued by the village. The community development department may impose reasonable conditions upon a business tax receipt issued for a home occupation for the purpose of insuring compliance with the standards set forth in subsection (d).

(d) **Standards.** Prior to the issuance of a business tax receipt and as continuing operational standards, home occupations shall comply with the following:

1. No person shall be employed in a home occupation who is not a permanent domiciled resident of the dwelling unit in which the home occupation exists.

2. The floor area within a dwelling unit devoted to a home occupation shall not exceed twenty-five (25) percent of the gross floor area of the dwelling unit excluding porches, garages, carports and other areas which are not considered living area.

3. The activities of a home occupation shall occur entirely within the dwelling unit, excluding accessory structures such as garages, carports and sheds.

4. There shall be no external evidence of the existence of a home occupation within a dwelling unit. Signs, displays, off street parking areas other than driveways normally required for residential use, or other advertising of any kind are prohibited.

5. No tangible goods or services of any kind shall be sold or transferred to a customer, consumer or client on the premises of a home occupation, excluding facsimile machine, telephone and/or postal transactions.

6. A home occupation shall not create noise, vibration, glare, fumes, odors, dust, smoke or electromagnetic disturbances No equipment or processes shall be used which create visual or audible interference in any radio or television receiver located nearby. No chemicals or chemical equipment shall be used, except those that are used for domestic or household purposes. No motor or engine power, other than electrically operated motors, shall be used in conjunction with such home occupation and the total horsepower of such permitted electrical motors shall not exceed three (3) horsepower, or one horsepower for any single motor.
(7) Vehicular and pedestrian traffic shall not be generated by a home occupation in a greater volume or a different vehicle type than the traffic typical in a residential neighborhood in the Village.

(8) Deliveries of any kind required by and made to the premises of a home occupation shall not exceed one (1) business delivery per day.

(9) The giving of art, music or other instructions or lessons shall be limited to not more than two (2) persons at any one time.

(10) Outdoor storage or any materials shall not be permitted.

(11) The use of the premises for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and shall, under no circumstances, change the residential character thereof.

(e) **Affidavit of applicant required.** An applicant for a business tax receipt for a home occupation shall at the time of application file an affidavit wherein the applicant:

(1) Agrees to comply with the standards set forth in this section;

(2) Agrees to comply with the conditions imposed by the department to insure compliance with such standards;

(3) Acknowledges that a departure therefrom may result in a suspension or termination of the business tax receipt; and

(4) Acknowledges that the village shall have the right to reasonably inspect the premises upon which the home occupation is conducted to insure compliance with the foregoing standards and conditions, and to investigate complaints, if, any, from neighbors.

(f) **Violation of standards or conditions deemed a Code violation.** Failure by a home occupation licensee to comply with the standards of this section and with the conditions imposed by the department shall be deemed a violation of this Code.

(g) **Appeals.** An applicant for a business tax receipt whose application is denied for failure to meet the standards set forth in this section or who objects to any conditions imposed by the department may appeal the reasonableness of either to the zoning board of adjustment which may direct that the receipt be issued with or without conditions or may modify, add to or delete the imposed conditions.

(h) **Repeal of ordinances.** All ordinances or parts of ordinances in conflict herewith are hereby repealed.

(i) **Effective date.** This section [Ordinance No. 2-95] shall be effective upon the date of passage.

(Ord. No. 2-95, §§ 1—9, 1-26-95; Ord. No. 24-2005, § 2, 9-22-05; Ord. No. 2006-28, § 5, 12-14-06)

**Editor's note**— Ord. No. 2-95, adopted Jan. 26, 1995, has been codified herein at the discretion of the editor as § 17-2.

**Cross reference**— Zoning, App. C.