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
Community Development
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

□ 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 (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 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 forgoing instrument was acknowledged before me
this ________ day of ________________, 20______, by:

____________________________________________________________________________________

(Name of person making statement)  [NOTARY STAMP]

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  ☐ Copy of Lease/Property Ownership  ☐ Floor Plan Including Suite Numbers
☐ Home-Based Business Affidavit  ☐ 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: __________________________

____________________________________________________________________________________

Fee: $___________  Fire Inspection Fee: $___________  Penalty: $___________

Transfer: $___________  Credit Card Fee: $___________

TOTAL: $_______________  ☐ Call For Pick Up  (OR)  ☐ Mail
Application For Palm Beach County Local Business Tax Receipt

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

- Check Applicable Box: □ New Business □ Transfer of Address □ Business Name Change
  □ Transfer of Ownership

- 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 **
  [ ] 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 #: __________________________
Section 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 Requirement Guide for Local Business Tax Receipt

APPLICATION REQUIREMENT GUIDE (CHECKLIST)

☐ COMPLETE APPLICATION (box #1 on reverse side)

☐ ATTACH A COPY OF FITICITIOUS 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

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

Royal Palm Beach Service Center
200 Civic Center Way
Royal Palm Beach, 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
THE VILLAGE OF NORTH PALM BEACH
COMMUNITY DEVELOPMENT DEPARTMENT
420 U.S. HWY 1 • SUITE 21 • NORTH PALM BEACH, FLORIDA 33408
PHONE 561.841.3365 • FAX 561.841.8242 • WWW.VILLAGE-NPB.ORG

VILLAGE CODE OF ORDINANCES
SECTION 17-3. “HOME OCCUPATIONS”

(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.
Section 17-3 “Home Occupations” (cont’d)

(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.