



**City of Palm Beach Gardens**  
**Affidavit for All Proposed Medical and Dental Offices**  
**2026/2027 Business Tax Year**

Applicants for a Business Tax Receipt for Medical or Dental Offices must demonstrate that they are aware of the special regulations governing same and that the operation of a Medical or Dental Office is conditioned upon an Applicant's adherence to the following criteria:

**Office, Medical or Dental** means a facility providing health care services to the public by physicians, dentists, chiropractors, osteopaths, physical therapists, nurses, acupuncturists, podiatrists, optometrists, psychiatrists (who are also known as health care practitioners), or others who are duly licensed to practice their respective medical or dental profession in the State of Florida, as well as others, including, but not limited to, technicians and assistants who are acting under the supervision and control of a licensed health care practitioner.

**Offices, medical or dental.** Medical or dental offices shall be subject to the following regulations:

a. On-site dispensing of controlled substances that are identified in Schedule II, III, or IV in Sections 893.03, 893.035 or 893.0356, *Florida Statutes*, is strictly prohibited, unless otherwise expressly permitted by statutory or general law. However, the following are exempt from this prohibition:

1. A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.
2. A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed by the state.
3. A health care practitioner when administering a controlled substance in the emergency room of a licensed hospital.
4. A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.
5. A health care practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient.

b. Additionally, the health care practitioner responsible for the operation and/or supervision of any medical or dental office shall execute an affidavit acknowledging the regulations set forth hereinabove prior to payment of the required business tax, and annually thereafter upon renewal of same prior to the issuance of a business tax receipt. Failure or refusal to execute the required affidavit shall constitute prima facie evidence that the subject medical or dental office is operating in violation of the city code of ordinances, which may result in code enforcement action, revocation of business tax receipt, and/or any other actions permitted by law.

**AFFIDAVIT**

State of \_\_\_\_\_ } SS:

County of \_\_\_\_\_ }

I, (print name) \_\_\_\_\_ do hereby swear or affirm that I have read the above definition for Medical or Dental Office and the code provisions governing the operation of same; that I understand the subject code provisions; and that I am applying for a business tax receipt for operation of a **Medical or Dental Office**. Furthermore, I do hereby acknowledge that operation of a Medical or Dental Office in violation of the above-referenced regulations, any other provision of the city code of ordinances, or state or federal law may result in code enforcement action, the revocation of the business tax receipt for the office location listed below, and/or any other actions permitted by law. I make this Affidavit under penalty of perjury.

Medical or Dental Office: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

**Notary Public:**

The foregoing Affidavit was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced a Florida driver's license as identification and **who did take an oath**

[Notary Seal]

Signature: \_\_\_\_\_

