



Submittal Requirements for a City of Palm Beach Gardens 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 on Call line at 561-799-4222, someone is available from 8:00 am – 5:00 pm.
 - City of Palm Beach Gardens Business Tax Receipt Application
 - [Articles of Incorporation](#) and/or [Fictitious Name Registration](#)
 - If applicable, copy of State License or Certificate of Competency (This requirement varies)
 - Retail / Wholesale Affidavit (If applicable)
 - Tenant list with Property Management contact information. The tenant list must show the square footage for each space/suite.
 - If applicable, copy of Non-Profit (501-C3) Exemption Certificate.
 - Application Fee
- **Home-Based Business**
 - City of Palm Beach Gardens Business Tax Receipt Application, and Home-Based Affidavit
 - [Articles of Incorporation](#) and/or [Fictitious Name Registration](#)
 - If applicable, copy of State License or Certificate of Competency (This requirement varies)
 - Application Fee
- **State Licensed Professional**
 - City of Palm Beach Gardens Business Tax Receipt Application (**MUST include employers FEIN or applicant's SS#, and Start Date on application**)
 - State License
 - Application Fee
- **Out of Town Business**
 - Current copy of local County Business Tax Receipt
 - Copy of State license and/or Certificate of Competency
 - Copy of General Liability (**showing City of Palm Beach Gardens as the certificate holder**)
 - Copy of Workers Compensation or Exemption



Business Tax Receipt Application

City of Palm Beach Gardens

10500 N Military Trail, Palm Beach Gardens, FL 33410

561-799-4216 | business@pbgfl.com

BUSINESS INFORMATION (To be completed by applicant):

Check Applicable Box:

New Professional Individual Change of Address Change of Name

Employer Business Name: _____

(FL Statute 205.023 requires registration of a fictitious name or article of incorporation to accompany this application)

Applicant Name (please print) _____

Profession: _____ State License #: _____

Phone Number: _____ E-mail: _____

Yes, sign me up for e-renewals No, do not sign me up for e-renewals

Business Address: _____

Mailing Address: _____

Date of Hire: _____ Federal Tax ID**OR**Social Security #: _____

Detailed description of services: _____

Have you ever held a Business Tax Receipt with the City of Palm Beach Gardens: Yes No

If so, where were you working at the time: _____

Are you working at any other location in the City of Palm Beach Gardens: Yes No

If so, where?: _____

Do you hold any other state licenses that you operate under at your place of employment: Yes No

If so, what is it for and what is the license number: _____

Your Business Tax Application will be issued under the provisions of **Palm Beach Gardens Code Sec. 66-37**. Completion of an application does not constitute issuance of a Business Tax Receipt and therefore does not permit the operation of the business for which a business tax receipt has been applied until the Business Tax Receipt is **ISSUED**. Your business must comply with all applicable Chapters and Sections of the City's Code of Ordinances. It is the responsibility of the business to confirm all business signage and business use is in accordance with the City's Land Development Regulations prior to filing an application for a Business Tax Receipt. Issuance of the Business Tax Receipt is neither an endorsement nor certification of compliance with other ordinances or laws.

I hereby certify under penalty of perjury that I have read and understand the above statements, and that the information provided above is true and correct to the best of my knowledge and ability.

(Signature of Applicant or Owner of the business)

Print Name: _____

(Stamp Commissioned Name of Notary Public)

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

Personally Known : _____ OR Produced Identification: _____

Type of Identification Produced: _____



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
- 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 www.pbctax.com/appointments to make an appointment at one of our service centers to process your completed application.



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

PBCTC Form 65

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
 Tourist Development Tax - **NO ZONING REQUIRED**, (excludes hotel/motel) Complete section #1 only. 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****

(NO ZONING REQUIRED FOR SHORT TERM RENTALS)

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***

| | |
|---|---|
| <input type="checkbox"/> Zoning (U No.) _____ | <input type="checkbox"/> Fire Marshall _____ |
| <input type="checkbox"/> Compliance _____ | <input type="checkbox"/> Health Department _____ |
| <input type="checkbox"/> Building _____ | <input type="checkbox"/> Hotel & Restaurant _____ |
| <input type="checkbox"/> NAICS Code _____ | <input type="checkbox"/> Prior Use of Bay/Bldg. _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cnty Home Base Affidavit _____ |

FOR TCO OFFICE USE ONLY

LBTR#/Account #: _____ State/County License Cert #: _____

CSS / SCSS: _____ Date: _____ Field Service Approval: _____

NAICS Code _____ TOTAL FEE DUE: \$ _____ Receipt #: _____