Village of Royal Palm Beach, Florida

1050 Royal Palm Beach Boulevard Royal Palm Beach, Florida 33411
Telephone (561) 790-5178 Fax (561) 790-5129

Community Development

INSTRUCTIONS FOR NEW BUSINESSES LOCATED IN THE VILLAGE OF ROYAL PALM BEACH

1. COMPLETE NEW TENANT INSPECTION REQUEST AND SCHEDULE REQUIRED INSPECTIONS.

2. COMPLETE TOP PORTION OF PALM BEACH COUNTY TAX COLLECTOR FORM AND RECEIVE SIGN OFF BY ROYAL PALM BEACH PLANNING & ZONING. ORIGINAL FORM IS RETURNED TO TAX COLLECTOR OFFICE TO OBTAIN A BUSINESS TAX RECEIPT (PREVIOUSLY KNOWN AS AN OCCUPATION LICENSE) FOR PALM BEACH COUNTY AND A COPY STAYS WITH ROYAL PALM BEACH.

3. UPON COMPLETION OF NEW TENNANT INSPECTION, SUBMIT FORM WITH SIGN OFF BY THE BUILDING DEPARTMENT, COPY OF TAX COLLECTOR FORM, COPY OF THE FIRST PAGE OF ARTICLES OF INCORPORATION OR COPY OF FICTITIOUS NAME, AND COMPLETED APPLICATION FOR NEW BUSINESS.

4. RETAIL/WHOLESALE MERCHANT - A STATEMENT OF INVENTORY ON YOUR LETTERHEAD IS REQUIRED. IT MUST BE SIGNED AND NOTARIZED.

FOR ADDITIONAL INFORMATION, PLEASE CONTACT OUR OFFICE AT 561-790-5178.

Village of Royal Palm Beach, Florida

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Community Development Department

NEW TENANT INSPECTION REQUEST

Permit # _____

TYPE OF BUSINESS:_____

NAME OF BUSINESS:_____

ADDRESS OF BUSINESS:_____

OWNER/LICENSEE NAME:_____PHONE#:_____

ZONING APPROVAL:

_____ _____ *ZONING DISTRICT:* _____
Zoning Signature Date

*COMMENTS:*_____

_____

INSPECTED & RELEASE APPROVAL:

_____ _____
Building Inspector Date

_____ _____
Fire Inspector Date

The purpose of this document is to verify that both the Building Department and Fire Department have performed inspections at the above named business/location as required by Village Code.

By performing inspections and signing this document we have determined that the above named business/location has met the minimum requirements of both departments for obtaining a Village of Royal Palm Beach Local Business Tax Receipt.

No owner or agent shall allow a new or existing tenant space to be occupied by any person until after an inspection has been made by the Building Department and Fire Marshall.

Should re-inspection be required, it shall be the responsibility of the tenant to verify if permits are required and the final inspections and Business Tax Receipts are obtained prior to occupancy.

NEW TENANT INSPECTION FEE **$75.00** DATE_____ CASH/CK#_____

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Community Development

BUSINESS/STORES
APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

DATE:_____

NAME OF BUSINESS_____

ADDRESS OF BUSINESS_____

MAILING ADDRESS _____

BUSINESS PHONE_____ EMERGENCY PHONE_____

NATURE OF BUSINESS_____

OWNER'S NAME_____DOB_____/_____/_____

OWNER'S ADDRESS_____

PHONE_____ EMERGENCY PHONE_____

TAX ID#_____ DRIVERS LICENSE_____

PLEASE INCLUDE A COPY OF THE FOLLOWING, IF APPLICABLE:

- BUILDING DEPARTMENT & FIRE DEPARTMENT APPROVAL
- BOARD OF HEALTH APPROVAL
- DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATIONS
- DEPARTMENT OF MOTOR VEHICLE LICENSE
- ALCOHOLIC BEVERAGE LICENSE
- STATE LICENSE FOR PROFESSIONALS
- STATE REGISTRATION OF FICTITIOUS NAME, 1ST PAGE OF ARTICLES OF INCORPORATION OR CORPORATE SEAL
- LIABILITY AND WORKER'S COMPENSATION INSURANCE SHOWING "VILLAGE OF ROYAL PALM BEACH" AS THE CERTIFICATE HOLDER.
- **RETAIL/WHOLESALE** BUSINESSES MUST SUPPLY A NOTARIZED STATEMENT OF INVENTORY

RESTAURANTS: WILL ALCOHOLIC BEVERAGES BE SOLD ON THE PREMISES? YES_____ NO_____

IF YES, PLEASE DESCRIBE_____

IN AN EFFORT TO ASSIST LOCAL BUSINESSES, WE ASK THAT YOU PROVIDE A WEBSITE OR EMAIL ADDRESS ALONG WITH A BRIEF DESCRIPTION OF YOUR BUSINESS. THIS INFORMATION WILL BE PLACED ON THE VILLAGE'S WEBSITE FOR ADVERTISMENT PURPOSES.

EMAIL ADDRESS: _____

DESCRIPTION:_____

_____
OWNER'S SIGNATURE

IF THIS DOCUMENT IS PRESENTED BY SOMEONE OTHER THAN THE OWNER, IT MUST BE NOTORIZED

TAX COLLECTOR, PALM BEACH COUNTY

APPLICATION FOR PALM BEACH COUNTY BUSINESS TAX RECEIPT

(COUNTY ORDINANCE 72-1)

Account # _____

Receipt # _____

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.

FICTITIOUS NAME REGISTRATION MUST ACCOMPANY THIS APPLICATION

BUSINESS INFORMATION:

Start of Business Date _____

Business Name _____

Applicant Name _____

Business Address _____

Corporation Name _____

City/State _____ Zip _____

Mailing Address (If Different) _____

Business Phone _____

City/State _____ Zip _____

*Federal Employer I.D.# _____ **- OR -** *Social Security # _____

Nature of Business _____

Maximum Number of: Employees _____ Machines _____ Rooms _____ Restaurant Seating _____

Were you issued a Notice of Non-Compliance? _____ Yes _____ No

I certify 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 _____

<u>PLEASE NOTE:</u> ZONING APPROVAL MUST BE COMPLETED PRIOR TO RECEIPT ISSUANCE

***** See reverse side of this application for instructions *****

MUNICIPAL/CITY ZONING APPROVAL _____ Title _____

UNINCORPORATED/COUNTY ZONING APPROVAL

Legal Description of property (Property Appraiser 355-2866) _____

Section _____ Township _____ Range _____ Zoning _____

This business is presently served by:

Public Water _____ Public Sewer _____ Onsite Well _____ Septic Tank _____

1) Planning Building and Zoning

A. Zoning (U No.) _____

B. Compliance _____

C. Building _____

D. Zoning _____

E. Other _____

2) Fire Marshall _____

3) Health Department _____

4) Hotel & Restaurant _____

5) Prior Use of bay\bldg. _____

SIC Code _____

***** Signature and Title Designates Approval *****

OFFICE USE ONLY:

Class Code_____ Branch Office _____ Clerk _____

State License # _____

Field Service Approval _____ Date _____

*Per FS 205.0535(5)

PBCTC Form 65 (01/08)

INSTRUCTIONS FOR OBTAINING A BUSINESS TAX RECEIPT

Change of business location requires zoning approval, a new application, payment of a transfer fee and surrender of the current receipt.

Change of ownership requires proof of sale of business, a new application, payment of a transfer fee and surrender of the current receipt.

1) If your business is located inside municipal (city) limits, you must submit the application to the municipality in person for their approval. To determine whether your business is located within a municipality (city), contact the municipality nearest your business location.

2) If your business is located in the unincorporated area of Palm Beach County (outside the limits of a municipality), you must take a legal description of the property to: Planning, Building and Zoning Department, Vista Center, 2300 North Jog Road, West Palm Beach (233-5200) or 2976 State Road #15, Belle Glade (996-1650). Certain home based businesses may be exempt from this procedure.

3) Mail completed application with your check or money order to: Tax Collector, Palm Beach County, P.O. Box 3715, West Palm Beach, FL 33402-3715. Further information can be obtained by calling (561) 355-2272 or visiting our website: www.pbcgov.com/tax.

*** SPECIAL REQUIREMENTS FOR CERTAIN OCCUPATIONS ***

A. If your profession or business is certified by the Department of Business and Professional Regulation (850-487-1395) or Department of Health (850-488-0595), you must attach a copy of your certification, registration, or license to this application.

B. Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the Office of Financial Regulation (850-410-9805) Attach a copy of the license showing proper business location to this application.

C. Restauranteurs and mobile food unit operators must contact the Division of Hotel & Restaurants (850-487-1395). You must attach a copy of approved inspection report to this application or obtain an authorized signature on the face of this application.

D. Child care must have the approval of the Palm Beach County Health Department (561-355-3018). You must attach a copy of the license to this application or obtain an authorized signature on the face of this application.

E. Food outlets, auto repair, travel agencies, telemarketers, health and dance (ballroom) studios must submit a permit, registration or exemption from State of Florida, Dept. of Agriculture & Consumer Services (1-800-435-7352).

F. Certified contractors must attach a copy of State of Florida and/ or Palm Beach County Certification. Call 233-5525 for certification information. County receipt is required, countywide municipal receipt is optional. You may submit a single check for both receipts.

BUSINESS TAX RECEIPTS MAY BE OBTAINED IN PERSON AT ANY OF THESE BRANCH OFFICES

Actac Building
3551 South Military Trail
Lake Worth, FL 33463

Governmental Center
301 North Olive Avenue
West Palm Beach, FL 33401

Northeast Courthouse Complex
3188 PGA Boulevard
Palm Beach Gardens, 33410

Glades Office Building
2976 State Road # 15
Belle Glade, FL 33430

Southeast Courthouse Complex
501 South Congress Avenue
Delray Beach, FL 33445

Mid-Western Communities Service Center
200 Civic Center Way
Royal Palm Beach, FL 33411