



# 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](http://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](http://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

**Central Palm Beach Service Center**  
 4215 South Military Trail  
 Greenacres, 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



# 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  
 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 #: \_\_\_\_\_