



Development Services Department  
401 Clematis Street West Palm Beach Florida 33401  
Phone: 561-805-6700 Email: [businessstax@wpb.org](mailto:businessstax@wpb.org)

**FOR OFFICE USE ONLY**

**BUSINESS #** \_\_\_\_\_

**BUSINESS TAX APPLICATION/CERTIFICATE OF USE**

**WARNING: THIS APPLICATION IS NOT A BUSINESS TAX RECEIPT OR CERTIFICATE OF USE**

**\*REQUIRED FIELDS**

\*PCN #: \_\_\_\_\_  
17 digit Parcel Control Number can be found on Palm Beach County Property Appraiser (PAPA) website at: <http://www.pbcgov.com/papa/>  
\*BUSINESS NAME/DBA: \_\_\_\_\_  
MANAGER/APPLICANT'S NAME \_\_\_\_\_ (If corporation must include all officers)  
\* FEDERAL ID # or SOCIAL SECURITY #: \_\_\_\_\_ As required per FS 205.0535(5)  
\* OWNER \_\_\_\_\_ TITLE \_\_\_\_\_  
\*BUSINESS ADDRESS: \_\_\_\_\_ SUITE # \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*BUSINESS PHONE: ( ) \_\_\_\_\_ \* E-MAIL ADDRESS \_\_\_\_\_  
\* MAILING ADDRESS: \_\_\_\_\_ SUITE # \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*DESCRIBE NATURE OF BUSINESS: \_\_\_\_\_

**PLEASE INCLUDE ANY APPLICABLE INFORMATION BELOW**

STATE LICENSE OR FLORIDA BAR CARD # \_\_\_\_\_  
SQ. FT. \_\_\_\_\_ INVENTORY AMOUNT \$ \_\_\_\_\_ # OF PERSONS \_\_\_\_\_ # OF SEATS \_\_\_\_\_  
# OF MACHINES \_\_\_\_\_ # OF VEHICLES \_\_\_\_\_ # OF AMUSEMENT DEVICES/POOL TABLES \_\_\_\_\_  
**IS BUSINESS A HOME OCCUPATION?** \_\_\_\_\_ YES OR \_\_\_\_\_ NO IF YES, PLEASE SEE HOME OCCUPATION AFFIDAVIT  
**IS BUSINESS SHARED/VITRUAL SPACE?** \_\_\_\_\_ YES OR \_\_\_\_\_ NO IF YES, WHAT IS ORIGINAL NAME: \_\_\_\_\_  
**IS BUSINESS A NAME CHANGE?** \_\_\_\_\_ YES OR \_\_\_\_\_ NO IF YES, WHAT IS ORIGINAL NAME: \_\_\_\_\_  
**IS BUSINESS A LOCATION CHANGE?** \_\_\_\_\_ YES OR \_\_\_\_\_ NO IF YES, PREVIOUS LOCATION: \_\_\_\_\_  
**IS BUSINESS A OWNER CHANGE?** \_\_\_\_\_ YES OR \_\_\_\_\_ NO IF YES, WHAT IS ORIGINAL OWNER: \_\_\_\_\_

**\*\*IMPORTANT INFORMATION\*\***

ALL BUSINESS TAX RECEIPT APPLICATIONS MUST BE SUBMITTED TO DEVELOPMENT SERVICES. **ZONING APPROVAL** WILL BE DONE INTERNALLY TO VERIFY THAT THE PROPERTY LOCATION IS ZONED FOR THE PROPOSED BUSINESS ACTIVITY. ALL INSPECTIONS MUST PASS AND PAYMENT MADE PRIOR TO ISSUE.

**ANY AND ALL CHANGES TO THE INFORMATION AS PROVIDED IN THIS BUSINESS TAX APPLICATION SHALL BE SUBMITTED IMMEDIATELY TO THE DEVELOPMENT SERVICES DEPARTMENT IN WRITING BY EMAIL AT [Businessstax@wpb.org](mailto:Businessstax@wpb.org)**

I certify that all the above information is true and correct, and I understand that any false statements constitute a violation of Florida State Statutes § 832.02 and will result in the revocation or denial of Certificate of Use and prosecution in accordance with the law. I hereby agree to operate the above-described business in accordance with all the laws of the State of Florida and the laws and ordinances of the City of West Palm Beach. Furthermore, I understand that the issuance of this business tax receipt is conditioned upon the compliance with all ordinances and the results of any investigations of the above described business.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR OFFICE USE ONL**

ASSISTED BY: \_\_\_\_\_  
SIC #: \_\_\_\_\_

**RETURN APPLICATION BY EMAIL AT [businessstax@wpb.org](mailto:businessstax@wpb.org) OR BY FAX AT 561-805-6676 OR IN PERSON AT 401 CLEMATIS STREET WEST PALM BEACH FLORIDA 33401  
IF FAX OR EMAIL PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING. YOU WILL BE CONTACTED VIA EMAIL WITH NEXT STEPS AND PAYMENT OPTIONS.**

<b>INFORMATIONAL PURPOSES ONLY</b>	
	<b>PCN NUMBER</b> – OBTAIN ON-LINE AT THE PROPERTY APPRAISER'S WEB SITE <a href="http://WWW.PBCGOV.COM/PAPA">WWW.PBCGOV.COM/PAPA</a> OR CALL 561-355-2890
	<b>FIRST STEP</b> APPROVAL OF THE CITY <b>ZONING DEPARTMENT</b> (LOCATED ON THE 1ST FLOOR CITY HALL)
	INSPECTION FOR SIGN-OFF OF APPLICATION BY THE <b>DEVELOPMENT SERVICES DEPT. (IF APPLICABLE)</b> CHANGE OF OCCUPANCY OR ANY ALTERATIONS TO THE BUILDING INTERIOR, EXTERIOR OR SIGNAGE MAY REQUIRE A PERMIT
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE <b>FIRE DEPARTMENT (IF APPLICABLE)</b>
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE <b>CODE ENFORCEMENT DEPT. (IF APPLICABLE)</b>
	APPROVAL OF THE CITY OF <b>WPB POLICE DEPT. (IF APPLICABLE)</b>
	<b>COPY OF ARTICLE OF INC. OR FICTITIOUS NAME</b> REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE) <a href="http://WWW.SUNBIZ.ORG">WWW.SUNBIZ.ORG</a>
	<b>COPY OF BUSINESS TAX RECEIPT</b> FOR BUSINESS LOCATED OUTSIDE CITY LIMITS
	<b>COPY OF STATE LICENSE, FLORIDA BAR CARD</b>
	<b>COPY OF STATE LICENSE FOR ALCOHOL AND/OR FOOD</b>
	<b>COPY OF DIVISION OF HIGHWAY &amp; MOTOR VEHICLES (STATE LICENSE) IF APPLICABLE</b>
	<b>COPY OF BILL OF SALE</b> IF CHANGE OF OWNER
	<b>COPY OF 501(C)3</b> UNDER BUSINESS NAMES
	PLEASE READ, SIGN AND NOTARIZE <b>HOME OCCUPATION AFFIDAVIT</b>
	<b>ORIGINAL</b> PALM BEACH COUNTY APPLICATION

**YOU MAY INCUR ADDITIONAL FEES: DEPENDS ON TYPE OF BUSINESS AND CIRCUMSTANCE**

<b>PENALTIES:</b>	10% _____	15% _____
	20% _____	25% _____
<b>CHANGE OF NAME:</b>		<b>\$25.00</b>
<b>CHANGE OF OWNER:</b>		<b>\$25.00</b>
<b>CHANGE OF LOCATION:</b>		<b>\$25.00</b>
<b>ZONING FEE FOR COU:</b>		<b>\$10.00</b>
<b>CODE ENFORCEMENT FEE:</b>		<b>\$25.00</b>
<b>CERTIFICATE OF USE FEE:</b>		<b>\$50.00</b>
<b>FIRE INSPECTION FEE:</b>		<b>BASED ON SQ FOOTAGE</b>

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