



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)].
- 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 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

Lake Worth Service Center
 3551 South Military Trail
 Lake Worth, 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



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

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****

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: _____

PZ&B - Check box if approval from department is required***

Regulator Signature required on line, when approval has been granted***

Zoning (U No.) _____ Fire Marshall _____

Compliance _____ Health Department _____

Building _____ Hotel & Restaurant _____

NAICS Code _____ Prior Use of Bay/Bldg. _____

Other _____ Cnty Home Based Affidavit _____

FOR TCO OFFICE USE ONLY

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

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

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