



## **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 PAY A FEE OF \$25.00
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 TENANT 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. FOR RETAIL/WHOLESALE MERCHANT, YOU MUST SUBMIT A STATEMENT OF INVENTORY ON YOUR LETTERHEAD, SIGNED AND NOTARIZED.

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



**Village of Royal Palm Beach, Florida**

1050 Royal Palm Beach Boulevard Royal Palm Beach, Florida 33411  
Telephone (561) 790-5128 Fax (561) 790-5129

Community Development Department

**NEW TENANT INSPECTION REQUEST  
&  
LOCAL BUSINESS TAX RECEIPT**

TYPE OF BUSINESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

OWNER/LICENSEE NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**NOTE: Zoning Approval DOES NOT exempt businesses from complying with any Village Code requirements.**

**ZONING APPROVAL:**

\_\_\_\_\_  
Zoning Signature Date ZONING DISTRICT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**INSPECTED & RELEASE APPROVAL:**

\_\_\_\_\_  
Building Inspector Date

\_\_\_\_\_  
Fire Inspector Date

The purpose of this document is to verify that both the Building Department and the Fire Department have performed separate 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 re-scheduled by the Inspector in 10 (ten) working days unless scheduled at the time of this inspection. Please note that certain repairs may require building permits. It shall be the responsibility of the tenant to verify if permits are required.

**NEW TENANT INSPECTION FEE: \$25.00**

RECEIPT # \_\_\_\_\_ 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 APPROVAL
- FIRE DEPARTMENT APPROVAL
- BOARD OF HEALTH APPROVAL
- DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATIONS
- ALCOHOLIC BEVERAGE LICENSE
- STATE LICENSE FOR PROFESSIONALS
- STATE REGISTRATION OF FICTITIOUS NAME, 1<sup>ST</sup> PAGE OF ARTICLES OF INCORPORATION OR CORPORATE SEAL
- LIABILITY AND WORKER'S COMPENSATION INSURANCE STATING THE "VILLAGE OF ROYAL PALM BEACH" AS CERTIFICATE HOLDER.

**RESTAURANTS:**

WILL ALCOHOLIC BEVERAGES BE SOLD ON THE PREMISES?      YES \_\_\_      NO \_\_\_

IF YES, PLEASE DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

IF YOUR BUSINESS IS **RETAIL/WHOLESALE** THE FEE WILL BE FIGURED ON YOUR INFENTORY. PLEASE HAVE A NOTORIZED **STATEMENT OF INVENTORY** PRESENT FOR REGISTRATION OF LICENSE.

\_\_\_\_\_  
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.

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**FICTITIOUS NAME REGISTRATION MUST ACCOMPANY THIS APPLICATION**

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**BUSINESS INFORMATION:**

Business Name _____	Start of Business Date _____
Business Address _____	Applicant Name _____
City/State _____ Zip _____	Corporation Name _____
Business Phone _____	Mailing Address (If Different) _____
Federal Employer I.D. # _____	City/State _____ Zip _____
Nature of Business _____	- OR - Social Security # _____

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 \_\_\_\_\_

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**PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO RECEIPT ISSUANCE**

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

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MUNICIPAL/CITY ZONING APPROVAL \_\_\_\_\_ Title \_\_\_\_\_

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UNINCORPORATED/COUNTY ZONING APPROVAL

Legal Description of property (Property Appraiser 355-2866) \_\_\_\_\_

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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 \*\*\***

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**OFFICE USE ONLY:**

Class Code \_\_\_\_\_ Branch Office \_\_\_\_\_ Clerk \_\_\_\_\_

State License # \_\_\_\_\_

Field Service Approval \_\_\_\_\_ Date \_\_\_\_\_

## 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](http://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. Restauranters 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