



CITY OF PALM BEACH GARDENS
OCCUPATIONAL LICENSE APPLICATION
10500 N. MILITARY TRAIL, PALM BEACH GARDENS, FL 33410
WWW.PBGFL.COM

QUESTIONS??????? CALL: 561-799-4162, PHONE
561-799-4281, FAX

The City of Palm Beach Gardens welcomes you to the business community. We wish you good fortune in your business venture and we will be ready to assist you in any way possible. The enclosed package is your application for a Business Tax Receipt with the City of Palm Beach Gardens.

For your convenience, we have provided a Business Tax Receipt checklist. This checklist provides a list of the required documentation that must be submitted to obtain the Business Tax Receipt.

Application, Business Tax Receipt and fire inspection fees are due when the application is submitted. Due to fee variations, all commercial businesses are required to contact the Business Services Division in order to determine the amount due. Please be advised that the applications fees are **separate from the Business Tax Receipt and fire inspection fees** and will not be refunded if the application is denied or cancelled. License fees can be paid by check, cash, money order, or credit card (MasterCard, VISA). Please make checks payable to the City of Palm Beach Gardens.

Please mail the application packet including the application for Palm Beach County Business Tax Receipt and requested items from the checklist to:

City of Palm Beach Gardens
Business Services
10500 N Military Trail
Palm Beach Gardens, FL 33410-4598

Once the complete application is submitted, it is forwarded to the City's Planning and Zoning Division for zoning approval. Once the application has been reviewed and approved, the Planner signs the application. The Planner approves the application for the Palm Beach County Business Tax Receipt.

The application is then reviewed by the Business Service Coordinator to assure that each business is compliant with federal, state, and local regulations.

Upon approval, staff mails a letter to the applicant instructing them to call Fire Rescue to schedule the Fire/Code Compliance inspection.

When the location passes the inspection and final review, City Business Tax Receipt will be issued and mailed along with the Palm Beach County application. Please take the county application to the courthouse and apply for the Palm Beach County Business Tax Receipt.

All licenses renew before October 1 of each year. Good luck in your business venture.

City of Palm Beach Gardens Business Tax Receipt Checklist For Commercial Offices

- Application for City of Palm Beach Gardens Business Tax Receipt (provided in this packet)**
- Application for Palm Beach County Business Tax Receipt (provided in this packet)**
- Fictitious Name Registration and/or Articles of Incorporation (new businesses or change of ownership transfers only)**
- Exemption from Fictitious Name Act- this form is not required for those businesses that have filed a Fictitious Name Registration (exemption form provided in the packet)**
- Copy of valid state license (state licensed professions only) **Please note the application can be submitted prior to the issuance of the state license. The Business Tax Receipt will not be issued until state license has been submitted. ****
- Retail/Wholesale Affidavit (Retail businesses only)**
- Medical/Dental Office Affidavit (medical/dental office and medical spas only)**
- Non refundable application fees (please contact Business Services to determine amount due)**
- Business Tax Receipt and Fire Inspection fees**
- Narrative describing the nature of the business at the specified address on a separate piece of paper. Narrative must be signed and dated (new businesses or change of use transfers only)**
- Copy of Certificate of Completion or Certificate of Occupancy (new buildings, buildouts, or interior renovation only) **Please note the application can be submitted prior to the issuance of the CO or CC. The occupational license will not be issued until CO or CC has been submitted. ****

- NEW
- CHANGE OF ADDRESS
- CHANGE OF NAME
- CHANGE OF OWNERSHIP
- NEW PROFESSIONAL

City of Palm Beach Gardens
 10500 N. Military Trail
 Palm Beach Gardens FL 33410
 Phone: (561) 799-4162 Fax: (561) 799-4281
 Application for Business Tax Receipt

APPROVAL OF APPLICATION REQUIRES A MINIMUM OF 10 BUSINESS DAYS BEFORE ISSUANCE

Business Name _____

Primary Address _____ Mailing Address _____

Phone Number _____ Fax Number _____ Cell Phone _____

Email Address _____ Web URL _____

Federal ID or Social Security Number _____

Start of Business Date (commercial offices only) _____

Type of Business (Please be specific) _____

Does the business have an alarm _____ Yes _____ No (If yes, the business is required to complete an alarm registration form. Forms are available in the City's Building Department and online at www.pbgfl.com. Registration fees may apply.)

Number of Employees _____ Do the employees reside in the home (Home-based businesses only)? _____ Yes _____ No

Use of Residence (Home-based businesses only) _____

Do you currently hold a business tax receipt with the City of Palm Beach Gardens??(Home-based businesses only) _____

Square Footage of Occupancy: _____ (This information is required by Growth Management and Fire Department)

Previous Occupancy (this information is required by the Building Dept) _____

Were there any renovations required in order to occupy the space? _____ If yes, please list type and please provide a copy of the Certificate of Occupancy or Certificate of Completion _____

State License Professionals (Commercial Offices Only)

Name	Profession
1. _____	_____
2. _____	_____
3. _____	_____

Individual the City can contact if we have any questions regarding your application

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

Hazardous Materials

Do you store hazardous materials or flammable materials? _____ Yes _____ No

Type	Policy #	Insurance		
		Certificate Number	Issuer	Expiration Date

Specialty Tax Receipt Information (if applicable)

Cosmetology/Barber Shop/Tanning Salon: No of Chairs/Beds _____ Restaurant/Movie Theaters: No of Seats _____

Hotels/Apartments: No of Units _____ Stockbrokerage: Number of Stockbrokers _____ Number of Machines _____

Retail and Wholesale Merchants _____ (Average Yearly Inventory at your cost)

Important: Read and Sign Below

I certify I have read this application and the statement contained herein are true and correct to the best of my knowledge.

Signature _____ Title _____

Printed Name _____ Date _____

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:

Business Name _____ Start of Business Date _____
Business Address _____ Applicant Name _____
City/State _____ Zip _____ Corporation Name _____
Business Phone _____ Mailing Address (If Different) _____
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 _____

PLEASE NOTE: 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)

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. 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

City of Palm Beach Gardens
Business Services
10500 N Military Trail
Palm Beach Gardens
561-799-4162 (phone)
561-799-4281 (fax)
www.pbgfl.com

Fictitious Name Exemption Form

Per Section 205.023 of the Florida Statutes, the business is not required to comply with the Fictitious Name Act for the following reason:

_____ The business is a corporation and registered with the Florida Division of Corporations.

_____ The business name is my legal name (Mary Jones) or my legal name precedes the business name (i.e. Mary Jones Real Estate).

_____ The business is registered with the Department of Business and Professional Regulations and the DBA (Doing Business As) do not differ from the corporation name.

_____ I am a new professional in an existing office and the office has a current occupational license with the City of Palm Beach Gardens.

Applicant Signature _____

Applicant Name _____

Date _____



City of Palm Beach Gardens
Affidavit for All Proposed Medical and Dental Offices

Applicants for a Business Tax Receipt for Medical or Dental Offices must demonstrate that they are aware of the special regulations governing same and that the operation of a Medical or Dental Office is conditioned upon an Applicant's adherence to the following criteria:

Office, Medical or Dental means a facility providing health care services to the public by physicians, dentists, chiropractors, osteopaths, physical therapists, nurses, acupuncturists, podiatrists, optometrists, psychiatrists (who are also known as health care practitioners), or others who are duly licensed to practice their respective medical or dental profession in the State of Florida, as well as others, including, but not limited to, technicians and assistants who are acting under the supervision and control of a licensed health care practitioner.

Offices, medical or dental. Medical or dental offices shall be subject to the following regulations:

a. On-site dispensing of controlled substances that are identified in Schedule II, III, or IV in Sections 893.03, 893.035 or 893.0356, *Florida Statutes*, is strictly prohibited, unless otherwise expressly permitted by statutory or general law. However, the following are exempt from this prohibition:

1. A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.
2. A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed by the state.
3. A health care practitioner when administering a controlled substance in the emergency room of a licensed hospital.
4. A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.
5. A health care practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient.

b. Additionally, the health care practitioner responsible for the operation and/or supervision of any medical or dental office shall execute an affidavit acknowledging the regulations set forth hereinabove prior to payment of the required business tax, and annually thereafter upon renewal of same prior to the issuance of a business tax receipt. Failure or refusal to execute the required affidavit shall constitute prima facie evidence that the subject medical or dental office is operating in violation of the city code of ordinances, which may result in code enforcement action, revocation of business tax receipt, and/or any other actions permitted by law.

AFFIDAVIT

State of Florida } SS:
County of Palm Beach }

I, (print name) _____ do hereby swear or affirm that I have read the above definition for Medical or Dental Office and the code provisions governing the operation of same; that I understand the subject code provisions; and that I am applying for a business tax receipt for operation of a **Medical or Dental Office**. Furthermore, I do hereby acknowledge that operation of a Medical or Dental Office in violation of the above-referenced regulations, any other provision of the city code of ordinances, or state or federal law may result in code enforcement action, the revocation of the business tax receipt for the office location listed below, and/or any other actions permitted by law. I make this Affidavit under penalty of perjury.

Medical or Dental
Office: _____

Applicant
Signature: _____

Business
Address: _____

Applicant
Name: _____

Title: _____

Notary Public:

The foregoing Affidavit was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced a Florida driver's license as identification and **who did take an oath**

[Notary Seal]

Signature: _____

