



## 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 - Each business type requires a separate BTR and separate application)**
- ☐ **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 - No zoning approval required.**
- ☐ **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.gov](http://www.pbctax.gov).

**Mail completed application to:**

Palm Beach County Tax Collector  
Attn: Business Tax Department  
P.O. Box 3715  
West Palm Beach, FL 33402-3715

**Visit [www.pbctax.gov/reservations](http://www.pbctax.gov/reservations) to make a reservation at one of our service centers to process your completed application.**



**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.gov](http://www.pbctax.gov)

PBCTC Form 65

## 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  
☐ Home Based Business ☐ 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: \_\_\_\_\_  
(Landscaper, 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: \_\_\_\_\_

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\*\*\*

☐ Zoning (U No.) \_\_\_\_\_ ☐ Fire Marshall \_\_\_\_\_

☐ Compliance \_\_\_\_\_ ☐ Health Department \_\_\_\_\_

☐ Building \_\_\_\_\_ ☐ Hotel & Restaurant \_\_\_\_\_

☐ NAICS Code \_\_\_\_\_ ☐ Prior Use of Bay/Bldg. \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ 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 #: \_\_\_\_\_