



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

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: _____
 (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: _____

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***

<input type="checkbox"/> Zoning (U No.) _____	<input type="checkbox"/> Fire Marshall _____
<input type="checkbox"/> Compliance _____	<input type="checkbox"/> Health Department _____
<input type="checkbox"/> Building _____	<input type="checkbox"/> Hotel & Restaurant _____
<input type="checkbox"/> NAICS Code _____	<input type="checkbox"/> Prior Use of Bay/Bldg. _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 #: _____