

TOWN OF LAKE PARK
535 Park Avenue
Lake Park, Florida 33403
Phone (561) 881-3318
Fax (561) 881-3323

Zoning Certificate



FOR COMMERCIAL LOCATIONS ONLY

A NON-REFUNDABLE ADMINISTRATIVE FEE OF \$85.00 IS DUE AT TIME OF SUBMITTAL. APPLICATION PROCESS MUST BE COMPLETED WITHIN 30 DAYS OF BUSINESS OPENING. BUSINESSES OPERATING IN VIOLATION OF THE TOWN CODE OF ORDINANCES WILL BE SUBJECT TO ENFORCEMENT ACTIONS.

- FOOD ESTABLISHMENTS MUST SUBMIT THE STATE FOOD INSPECTION REPORT *PRIOR TO OPENING*
- ALL BUSINESS ESTABLISHMENTS MUST SUBMIT THE FIRE & ZONING INSPECTION SHEET *PRIOR TO OPENING*
- ALL APPLICABLE UTILITY APPROVALS MUST BE SECURED *PRIOR TO OPENING*

DATE _____ BUSINESS LOCATION _____

New Business Ownership Transfer and/or Name Change Location Transfer Additional Business

E-MAIL ADDRESS: _____ (required to receive Town e-mail updates)

Name of Business _____

Name of Business Owner _____

Mailing Address _____

Business Telephone _____ Fax _____

Business Website Address _____

Property Owner Name _____ Telephone _____

Property Owner Address _____

Property Owner E-Mail Address _____

Corporation Partnership Fictitious Name Other: _____

IF A CORPORATION:

Name of Registered Agent _____ Telephone _____

Registered Agent Address _____

State of Incorporation _____

State of Professional License _____ Please attach copy

IF A PROPRIETORSHIP/CONTRACTOR/PROFESSIONAL:

Name of Owner/Qualifier _____

Address _____ Telephone _____

TYPE OF BUSINESS PROPOSED: _____

Please explain proposed business operation in detail:

Unit Size (sq. ft.) _____ Maximum Number of Employees _____

Is this an Accessory Use to another business? Yes No

Number of parking spaces available to business _____

**FOR OFFICIAL USE ONLY
TO BE COMPLETED BY STAFF**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

APPROVALS

Initial Zoning Use	Approved () N/A ()	Date ____	Init _____
Public Works/Sanitation	Approved () N/A ()	Date ____	Init _____

INSPECTIONS *

**** Units must be set up and ready for inspection prior to inspections being scheduled – ALL inspections must be scheduled at least 24 hours in advance****

Palm Beach County Fire-Rescue **(billed separately through PBCFR)**
Approved () N/A () Date _____ Init _____

Zoning **(included within Application Fee)**
Approved () N/A () Date _____ Init _____
(To include landscaping, parking, height, setbacks, as applicable)

IF additional approvals are required, please explain:

Community Development Zoning Certificate Approval

By: _____
Title: _____
Date: _____

A copy of the completed Zoning Certificate Application will be e-mailed to Applicant



BUSINESS TAX RECEIPT DOCUMENT CHECKLIST

- ZONING CERTIFICATE APPLICATION AND \$85.00 PAYMENT
- INSPECTION SHEET : ***Only schedule when business is all set up***
 - **FIRE INSPECTION:** BILLED SEPARATELY THROUGH PALM BEACH COUNTY FIRE-RESCUE
 - **ZONING INSPECTION:** CAN BE SCHEDULED AFTER FIRE INSPECTION IS APPROVED BY CALLING 561-881-3318
- COPY OF PALM BEACH COUNTY BUSINESS TAX RECEIPT
- COPY OF ARTICLES OF INCORPORATION - OR - FICTITIOUS NAME REGISTRATION
- COPY OF STATE OF FLORIDA PROFESSIONAL OR BUSINESS LICENSE
(If applicable)
- PUBLIC WORKS SANITATION OWNER/TENANT AGREEMENT
(As determined by the Town's Public Works Department)
- BUSINESS TAX RECEIPT APPLICATION AND PAYMENT



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
 www.taxcollectorpbc.com

[County Ordinance 72-1 and FS 205.0535(5)]
 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.



Application For Palm Beach County Local Business Tax Receipt

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
 New Business Tax Receipt Other _____

Current Business Tax Receipt # (if applicable): _____

Business/DBA/Trade Name: _____
(Division of Corporations requires registration of a fictitious name. Copy of registration must accompany this application)

Corporation /Business Name: _____

Owners Name: _____

Federal Employer ID #: _____ ****OR**** Social Security #: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Date in business at this 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.)

PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL ****See reverse side for details on zoning****

Municipal/City Zoning Approval: _____ Title: _____

****OR**** Unincorporated Zoning Approval/
 Planning Zoning & Building Approval: _____ Title: _____

PZ&B - Place initials in box if approval from department is required ****** Regulator Signature required on line, when approval has been meet ******

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 (Signature and title designates approval)

LBTR#/Account #: _____ Branch Office: _____ CURRENT YR

Till number: _____ State/County License Cert #: _____ 1 YR

NAICS Code: _____ Receipt #: _____ 2 YR

Cust. Relations Guide/ CRA: _____ 3 YR

Date: _____ Field Service Approval: _____ 4 YR

TOTAL FEE DUE : \$ _____ 5 YR





Application Requirement Guide for Local Business Tax Receipt

APPLICATION REQUIREMENT GUIDE (CHECKLIST)

****Please complete application on reverse side.****

- COMPLETE APPLICATION (first box on reverse side)**
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION (if applicable):** www.sunbiz.org
- OBTAIN ZONING APPROVAL (one of the following):**
 - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval). ****OR****
 - 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)
 - Child Care Facilities must be registered by Palm Beach County Dept. of Health (561-840-4500)
 - State of Florida Dept. of Health (850-488-0595)
 - Certified Contractors must be licensed by Palm Beach County Construction Industry Licensing Board (561-233-5525) or Department of Business and Professional Regulation (850-487-1395)
 - State of Florida, Dept. of Agriculture and Consumer Services (800-435-7352) for food outlets, auto repair, health and dance studios, telemarketers and travel agencies must provide permit, registration or exemption.
 - Restaurateurs and mobile food unit operators must provide a copy of approved inspection report from the Division of Hotel & Restaurants (850-487-1395) or obtain an authorizing signature on the application (reverse side).
 - Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State of Florida Office of Financial Regulation (850-410-9805).

NOTE: Price quotes are only valid if received and posted in the Tax Collector's computer system within the same month of quote.

Palm Beach County Local Business Tax Receipt is in addition to, not in lieu of, any license required by law or municipal ordinance (County Ordinance 72-7).

Further information can be obtained by calling (561) 355-2272 or visiting our website: www.taxcollectorpbc.com

Mail completed application to:
 Palm Beach County Tax Collector
 Attn: Business Tax Department
 P.O. Box 3353
 West Palm Beach, FL 33402-3353

****OR****

Visit one of our 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
 West Palm Beach, FL

