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** _____

Opening Date of Business (*even if in the past*) – REQUIRED : _____

( ) 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**

Revised: 02/26/2015

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 ☐

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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