



**CITY OF BOYNTON BEACH
DEVELOPMENT DEPARTMENT**

100 East Boynton Beach Boulevard • Boynton Beach, FL 33435 • (561) 742-6360 • Fax (561) 742-6364

APPLICATION #

RECEIVED BY:

APPLICATION FOR BUSINESS CERTIFICATE OF USE

TYPE OF REQUEST	<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> ADDRESS/NAME CHANGE	<input type="checkbox"/> SHARING SPACE
TYPE OF BUSINESS	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HOME-BASED	<input type="checkbox"/> CHILD DAY CARE/GROUP HOME	
BUSINESS ADDRESS			CITY/STATE/ZIP	
CORPORATION NAME			D/B/A BUSINESS NAME	
EMAIL ADDRESS			BUSINESS PHONE	
MAILING ADDRESS			CITY/STATE/ZIP	
CONTACT NAME		TITLE	CONTACT PHONE	
FEDERAL TAX ID (SSN/EIN) [Per FS 205.0535(5)]			GROSS SQ. FT.	
DESCRIPTION OF PROPOSED BUSINESS/PROFESSION				
NUMBER OF EMPLOYEES	INVENTORY VALUE (Merchant)		NUMBER OF SEATS (Restaurant)	
NUMBER OF STATIONS (Salon)	NUMBER OF VEHICLES (Taxi/Limo)		NUMBER OF MACHINES (Laundry)	
NUMBER OF ROOMS (Hotels, Motels, Assisted Living)			PASSENGER CAPACITY (Charter Boats)	
HAS A CODE COMPLIANCE NOTICE OF VIOLATION BEEN ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO			BUSINESS START DATE	
WILL YOU BE STORING/HANDLING ANY HAZARDOUS MATERIALS? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS THIS PROPERTY RENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE PROPOSED BUSINESS CONSTITUTE A CHANGE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS THIS A MOBILE VENDOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS A CHARITABLE ORGANIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No			IS THIS A LIVE-WORK BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I certify that the above information is true and correct to the best of my knowledge. I understand that the issuance of a business tax receipt does not eliminate or replace my obligation to comply with any city, county, state or federal requirements related to the operation of this business.				
SIGNATURE			DATE	

FOR OFFICE USE ONLY

ZONING DISTRICT:	PCN	ADEQUATE PARKING? <input type="checkbox"/> Yes <input type="checkbox"/> No
PREVIOUS BUSINESS		CLASSIFICATION:
APPLICATION REVIEW APPROVALS		INSPECTION APPROVALS
DEVELOPMENT:	Approved by _____ Date _____	FIRE: Approved by _____ Date _____
ZONING:	Approved by _____ Date _____	BUILDING: Approved by _____ Date _____

(SEE BACK SIDE FOR SUBMITTAL REQUIREMENTS AND HELPFUL CONTACT INFORMATION)

SUBMITTAL REQUIREMENTS

ALL APPLICANTS MUST SUBMIT

- *Application for City of Boynton Beach Business Certificate of Use*
- *Application for Palm Beach County Local Business Tax Receipt*
- Copy of your lease and other licenses if applicable
- Payment of fees due (\$50 Certificate of Use and Business Tax Receipts)

YOU MAY NEED TO SUBMIT

- A printout of the Sunbiz online records or copies of the business entity's filing documents
 - If the business is a corporation, LLC or partnership
- A printout of the Sunbiz online records or a copy of the Fictitious Name Registration
 - If using a fictitious name or "DBA"
- A copy of your certification or license
 - If your trade or profession is regulated by another agency
- Materials Safety Data Sheets (MSDS) for all hazardous materials to be used
 - If they will be stored at the business location

HOME BASED BUSINESS APPLICANTS MUST ALSO SUBMIT

- *Home Occupation Conditions & Affidavit of Agreement*
- Proof of residence (i.e., copy of utility bill for the residential address in the applicant's name)

COMMERCIAL BUSINESS APPLICANTS MUST ALSO SUBMIT

- Closing Statement or Bill of Sale
 - If you will be occupying property you recently purchased
- Letter of Sharing from the current business at that location
 - If you will be sharing a space with an active business

HELPFUL CONTACT INFORMATION

Employer Identification Number (EIN) – All businesses (except sole proprietorships with no employees) must register with the Internal Revenue Service (www.irs.gov) for a federal tax identification number to be entered on the application.

Palm Beach County Application for Business Tax Receipt – All applicants must include this completed form at submittal (www.pbctax.com) (561) 355-2272.

Corporation/LLC/Partnership filing documents – If you plan to do business as a corporation, LLC, or partnership, you must first file with the Florida Department of State, Division of Corporations (www.sunbiz.org) (850) 245-6051. A printout of the online records or copies of the business entity's filing documents must be included.

Fictitious Name Registration – If you plan to do business under a name that is neither 1) your full name nor 2) the name of your corporation, you must register the name with the Florida Department of State, Division of Corporations (www.sunbiz.org) (850) 245-6058.

State or County License/Registration/Certification – If the type of business is regulated by a state or county agency, you must include documentation indicating compliance.

- *Department of Business and Professional Regulation* (www.myfloridalicense.com) (850) 487-1395
 - Most professions and contractors
- *Palm Beach County Contractors Certification Division* (www.pbcgov.com/pzb/Contractors) (561) 233-5525
 - Contractors without state certification
- *Palm Beach County Health Department* (www.pbchd.com) (561) 840-4500
 - Child care facilities
- *Florida Department of Agriculture & Consumer Services* (www.freshfromflorida.com) (800) 435-7352
 - Food outlets, auto repair, travel agencies, telemarketers, health/dance studios
- *Florida Department of Health* (www.floridahealth.gov) (850) 488-0595
 - Health care professionals, doctors, therapists
- *Florida Office of Financial Regulation* (www.flofr.com) (850) 487-9687
 - Banks, finance companies, securities brokers
- *Florida DBPR Division of Hotels & Restaurants* (www.myfloridalicense.com/dbpr/hr) (850) 487-1395
 - Restaurants, mobile food operators, hotels, motels
- *Florida Agency for Health Care Administration* (ahca.myflorida.com) (888) 419-3456
 - Health care facilities