



260 Orange Tree Drive, Atlantis, Florida 33462
 Phone (561) 965-1744 Fax (561) 642-1806

APPLICATION • Local Business Tax Receipt

Date: _____

Name of Business:	
Business Address:	
Mailing Address (if different than above):	
Federal ID# or SS#	
Phone:	Fax:
Cell:	Email:
Classification of Business (*):	
Name of Owner/Doctor/Other (please print):	
Signature of Person Above:	

PLEASE SEND A COPY OF THE FOLLOWING & YOUR LICENSE WILL BE PROCESSED & MAILED TO THE ADDRESS LISTED ABOVE:

- Renewal Notice from Atlantis
- Palm Beach County Local Business Tax Receipt for Applicable Year
- Copy of Current Business and Professional Regulation Registration or Certificate (when applicable).
- Certificate of Insurance

Amount Paid: _____

Additional Delinquency Penalties will be assessed. If paid later than:

October 1	10% (penalty applies plus regular license fees)
November 1	15% (penalty applies plus regular license fees)
December 1	20% (penalty applies plus regular license fees)
January 1	25% (penalty applies plus regular license fees)

Please return completed application with your check to:

City of Atlantis
 260 Orange Tree Drive
 Atlantis, Florida 33462

Make all checks payable to: The City of Atlantis.

***If application is for a Home Occupational License, an additional Affidavit must be attached. Forms are available at City Hall.**

Notice regarding the collection and use of your social security number by the City of Atlantis, Florida

Pursuant to subparagraph 119.071(5)(a)2.a., Florida Statutes, the City of Atlantis is providing you with the following statement as a result of the city's request for social security number. Your social security number is being collected by the city either because such request is specifically authorized by law or its use is imperative to the performance of the city's duties and responsibilities under law. Your social security number will not be used for any purpose other than as provided below:

The City of Atlantis, Florida, collects your social security number for the following purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection; reconciliation; tracking; benefit processing; and tax reporting. Social security numbers are also used as a unique, numeric identifier and may be used for search purposes.

Signature _____ **Date** _____

**CITY OF ATLANTIS
AFFIDAVIT FOR HOME BUSINESS TAX RECEIPT**

Business Name: _____

Business Address: _____

Type of Business: _____

I hereby apply for a limited Home Business Tax Receipt to use a business telephone listing, business stationery, and to conduct the minor business activity of a business office at my home. I certify that I am eligible for this limited license and understand that it shall only be permitted in residential zoning districts under the following conditions:

1. No signage shall be allowed, whatsoever.
2. No commercial vehicles allowed on premises, whatsoever.
3. No clientele traffic
4. No employees, whatsoever
5. No stock in trade nor commodities stored or sold on premises
6. No equipment used except for domestic, household or home office purpose.

Home Business Tax Receipts are only issued upon the above conditions. Should there be any complaints regarding violations of license conditions, the Home Business Tax Receipt shall be automatically revoked by the City Manager, with appeal to the City Council, if filed with the City Clerk in writing within ten (10) days of revocation.

I understand the conditions required for a Home Business Tax Receipt and agree to abide by same.

Signature of Applicant

Date

Signature of Owner (if other than Applicant)

Date

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this _____ day

of _____, by _____ and

_____, who is/are personally known to me or who has/have produced a Florida driver's license as identification, and who did/did not take an oath.

(SEAL)

Notary Public
State of Florida