



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 OCCUPATION LICENSE**

I hereby apply for a limited Home Occupation License 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 sold on premises.
6. No equipment used except for domestic, household or home office purpose.

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

I understand the conditions required for a Home Occupation License 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 \_\_\_\_\_, 19\_\_\_\_ 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

## INSTRUCTIONS FOR OBTAINING OCCUPATIONAL LICENSE

Change of business location requires zoning approval, a new application, payment of a transfer fee and surrender of the current license.

Change of ownership requires proof of sale of business, a new application, payment of a transfer fee and surrender of the current license.

- 1) If your business is located inside municipal (city) limits, you must submit the application to the municipality in person for their approval. To determine whether your business is located within a municipality (city), contact the municipality nearest your business location.
- 2) If your business is located in the unincorporated area of Palm Beach County (outside the limits of a municipality), you must take a legal description of the property to: Planning, Building and Zoning Department, 100 Australian Ave., West Palm Beach (233-5200) or 2976 State Road #15, Belle Glade (996-1650). Certain home based businesses may be exempt from this procedure.
- 3) Mail completed application with your check or money order to: Tax Collector, Palm Beach County, P.O. Box 3715, West Palm Beach, FL 33402-3715. Further information can be obtained by calling (561) 355-2272 or visiting our website: [www.pbcgov.com/tax](http://www.pbcgov.com/tax).

### \*\*\*SPECIAL REQUIREMENTS FOR CERTAIN OCCUPATIONS\*\*\*

- A. If your profession or occupation is certified by the Department of Business and Professional Regulation (850-487-1395) or Department of Health (850-488-0595), you must attach a copy of your certification, registration, or license to this application.
- B. Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State Comptroller (850-488-0286) or the Federal Home Bank of Atlanta (404-888-8000) or Comptroller of Currency (404-659-8855). Attach a copy of state/federal/national license showing proper business location to this application.
- C. Restaurateurs and mobile food unit operators must contact the Division of Hotel & Restaurants (850-487-1395). You must attach a copy of approved inspection report to this application or obtain an authorized signature on the face of this application.
- D. Child care must have the approval of the Palm Beach County Health Department (561-355-3018). You must attach a copy of the license to this application or obtain an authorized signature on the face of this application.
- E. Food outlets, auto repair, travel agencies, telemarketers, health and dance (ballroom) studios must submit a permit, registration or exemption from State of Florida, Dept. of Agriculture & Consumer Services (1-800-435-7352).
- F. Certified contractors must attach a copy of State of Florida and/or Palm Beach County Certification. Call 233-5525 for certification information. County license is required, countywide municipal license is optional. You may submit a single check for both licenses.

### LICENSES MAY BE OBTAINED IN PERSON AT ANY OF THESE BRANCH OFFICES

Actac Building  
3551 South Military Trail  
Lake Worth, FL 33463

Governmental Center  
301 North Olive Avenue  
West Palm Beach, FL 33401

Northeast Courthouse Complex  
3188 PGA Boulevard  
Palm Beach Gardens, FL 33410

Glades Office Building  
2976 State Road # 15  
Belle Glade, FL 33430

Southeast Courthouse Complex  
501 South Congress Avenue  
Delray Beach, FL 33445

Mid-Western Communities Service Center  
200 Civic Center Way  
Royal Palm Beach, FL 33411

**TAX COLLECTOR, PALM BEACH COUNTY**  
**APPLICATION FOR PALM BEACH COUNTY OCCUPATIONAL LICENSE**  
 (COUNTY ORDINANCE 72-1)

License # \_\_\_\_\_

Receipt \_\_\_\_\_

No occupational license 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.

**FICTITIOUS NAME REGISTRATION MUST ACCOMPANY THIS APPLICATION**

**BUSINESS INFORMATION:** Start of Business Date \_\_\_\_\_

Business Name \_\_\_\_\_ Applicant Name \_\_\_\_\_

Business Address \_\_\_\_\_ Corporation Name \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Mailing Address (If Different) \_\_\_\_\_

Business Phone \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Employer I.D. # \_\_\_\_\_ - Or - Social Security # \_\_\_\_\_

Nature of Business \_\_\_\_\_

Maximum Number of: Employees \_\_\_\_\_ Machines \_\_\_\_\_ Rooms \_\_\_\_\_ Restaurant Seating \_\_\_\_\_

Were you issued a Notice of Non-Compliance? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify 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 \_\_\_\_\_

**PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO LICENSE ISSUANCE**  
**\*\*\* See reverse side of this application for instructions \*\*\***

MUNICIPAL/CITY ZONING APPROVAL \_\_\_\_\_ Title \_\_\_\_\_

UNINCORPORATED/COUNTY ZONING APPROVAL  
 Legal Description of property (Property Appraiser 355-2866) \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Zoning \_\_\_\_\_

This business is presently served by:  
 Public Water \_\_\_\_\_ Public Sewer \_\_\_\_\_ Onsite Well \_\_\_\_\_ Septic Tank \_\_\_\_\_

**1) Planning Building and Zoning**

- |                               |  |
|-------------------------------|--|
| <b>A. Zoning (UNo.)</b> _____ | <b>2) Fire Marshall</b> _____          |
| <b>B. Compliance</b> _____    | <b>3) Health Department</b> _____      |
| <b>C. Building</b> _____      | <b>4) Hotel &amp; Restaurant</b> _____ |
| <b>D. Zoning</b> _____        | <b>5) Prior Use of bay/bldg.</b> _____ |
| <b>E. Other</b> _____         | <b>SIC Code</b> _____                  |

**\*\*\* Signature and Title Designates Approval\*\*\***

**OFFICE USE ONLY:**

OCC Code \_\_\_\_\_ Branch Office \_\_\_\_\_ Clerk \_\_\_\_\_

State License # \_\_\_\_\_

Field Service Approval \_\_\_\_\_ Date \_\_\_\_\_