CITY OF ATLANTIS
AFFIDAVIT FOR RESIDENTIAL RENTAL BUSINESS TAX RECEIPT

Owner Name: _____

Rental Address: _____

I hereby apply for a limited Residential Rental Business Tax Receipt to offer the residential dwelling unit for rent or lease. 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 rentals for less than one month at a time, whatsoever. Rentals of less than a month constitute a commercial use and are prohibited.
2. No more than three rentals per business tax year. The business tax year runs from October 1 through September 30 of each year.
3. Should the property be subject to HOA or Condominium covenants for the rental of the dwelling unit, those rules shall apply in addition to the City Code.
4. Lease(s) to be provided to the City upon request.

Residential Rental Business Tax Receipts are only issued upon the above conditions. Should there be any complaints regarding violations of license conditions, the Residential Rental 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 Residential Rental 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