



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

Date: _____

Name of Business:			
Business Address:			
Mailing Address (if different than above):			
Federal ID# or SS#			
Phone:	Cell:	Fax:	Email:
Name of Qualifier (please print):		Signature of Qualifier:	

IF YOU ARE STATE CERTIFIED, REGISTERED OR QUALIFIED

Copy of Renewal Notice
 Copy of Your State Certification, Registration or Qualification (DBPR, HRS, etc.)
 Palm Beach County Certification of Competency (for contractors only)
 Palm Beach County Local Business Tax Receipt for Applicable Year
 Number of Vehicle Decals Required _____ (one decal included, \$2.00 each addl)
 General Liability Insurance Certificate
 Workers Comp Insurance Certificate or Certificate of Exemption
 \$2.00 Registration Fee

Amount Paid: _____

IF YOU HAVE A PBC COUNTY-WIDE BUSINESS TAX RECEIPT

Copy of Renewal Notice
 Palm Beach County Certificate of Competency (for contractors only)
 Palm Beach County Local Business Tax Receipt for Applicable Year
 Number of Vehicle Decals Required _____ (one decal included, \$2.00 each addl)
 General Liability Insurance Certificate
 Workers Comp Insurance Certificate or Certificate of Exemption
 \$2.00 Registration Fee

Amount Paid: _____

IF YOU HAVE A PBC COUNTY BUSINESS TAX RECEIPT

Copy of Renewal Notice
 Palm Beach County Certificate of Competency (for contractors only)
 Palm Beach County Local Business Tax Receipt for Applicable Year
 Number of Vehicle Decals Required _____ (one decal included, \$2.00 each addl)
 General Liability Insurance Certificate
 Workers Comp Insurance Certificate or Certificate of Exemption
 \$40.00 Registration Fee

Amount Paid: _____

Make all checks payable to: The City of Atlantis. If the information is not complete, your application will be returned.

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** _____