



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** _____



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BUSINESS TAX RECEIPT AFFIDAVIT for RESIDENTIAL RENTAL USES

THE FOLLOWING MUST BE PROVIDED FOR RESIDENTIAL RENTAL USES:

1. Owner _____
2. Address of Rental Property _____
3. Zoning District _____
4. Affidavit must be fully executed and acknowledged.

THE NUMBER OF OCCUPANTS MUST BE BASED ON THE CITY'S DEFINITION OF "FAMILY" AS SET FORTH IN SECTION 15-3 OF THE CITY ZONING CODE:

Family means one (1) or more persons occupying a single housekeeping unit and using common cooking facilities, providing that unless all members are related by blood or marriage, no such family shall contain over five (5) persons.

APPLICANT'S AFFIDAVIT

I (We) have applied for a Business Tax Receipt to use property located at _____, Atlantis, Florida 33462 as a rental. I (We) certify that I (we) am (are) eligible for this receipt. I (We) further certify that all information contained in this affidavit is true and correct. I (We) understand that I (we) must comply with all applicable requirements of the City's Code of Ordinances, copies of which we acknowledge receipt of in conjunction with the execution of this affidavit.

I (We) understand the conditions required for a Business Tax Receipt for Residential Rental Use and agree to abide by same.

 Witness

 Signature of Applicant(s)

 Printed Name of Applicant(s)

STATE OF FLORIDA)
 COUNTY OF PALM BEACH)

This "Applicant's Affidavit" for a Business Tax Receipt for Residential Rental Use was acknowledged before me this _____ day of _____, 20____ by _____/_____ 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