



Business Tax Receipt Application (BTR)

BUSINESS INFORMATION (To be completed by applicant): **Instructions & checklist on reverse side**

Check Applicable Box: Commercial Home Based

Change of Address Change Business Name Transfer of Ownership Other _____

Business/DBA/Trade Name: _____
(FL Statutes requires registration of a fictitious name or article of incorporation to accompany this application)

Business Location: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____
(if different above)

Date Opened: _____ Federal Employer ID ****OR**** Social Security #: _____

Business Phone Number: _____ Cell/Emergency Number: _____

E-Mail address: _____

Nature of Business: _____ ****OR**** Profession: _____
(Landscape, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Description of services to be provided: _____

Applicant – the following information is required: Will your business require remodeling/renovations? _____

Description of proposed remodeling/renovation: _____

# of coin operated machines		Wholesale # sq./ft.		Inventory @ cost	\$
# of vehicles		Retail # sq./ft.		Inventory @ cost	\$
# of rental units		Warehouse/Storage # sq./ft.			
# of restaurant/bar seats		<i>Additional information may be required to support these totals such as seating charts, floor plans and/or lease agreements.</i>			
# of employees					

Applicant/Qualifier: please print: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Driver's License Number: _____ Date of Birth: _____

Applicant/Qualifier Signature: _____

Staff Use Only: CLASSIFICATION CODE _____ BTR # _____ STAFF INITIALS _____

Zoning Approval: _____ Date: _____ One Time Zoning Review Fee: \$30.00

Fire Safety Approval: _____ Date: _____
(Applicant must call PBC Fire Rescue 561-233-0050 to schedule an inspection and sign-off prior to submittal of this application)

One Time Registration Fee: \$50.00 Business Tax: \$ _____ Misc. Fees: \$ _____ Non-Compliant Fee: \$250 Total Fees: \$ _____

NOTE TO THE APPLICANT:

A completed application packet is required; failure to submit all required documentation shall cause the Business Tax Receipt application to be returned.

Prior to issuance, all BTR applications are required to be reviewed and approved by the Planning and Zoning Division (561-791-4000) to assure compliance with Wellington's Land Development Regulations regarding land use and zoning codes. Should the nature of business differ from what is represented on this application or is not otherwise permitted in the zoning district of the proposed location, the business shall be required to relocate to an appropriately zoned location.

Any structural or interior modifications may require prior approval and/or permits from the Building Division 561-791-4000).

Please contact Palm Beach County Fire Rescue (561-233-0050) to determine if your business requires additional safety features and to schedule a commercial safety inspection.

All Business Tax Receipts expire SEPTEMBER 30th of each year. Penalty fees are assessed on OCTOBER 1st through January 30th and a \$250 non-compliant fee is assessed to all businesses failing to renew prior to February 1st.

New Business Tax Receipts are prorated for half-year from April 1 through September 30. Business Tax is not prorated if your business is operational prior to April 1. NO REFUNDS will be made for businesses closed during the full fiscal year or paid in error.

Application Requirements Checklist:

- ❖ Wellington Local Business Tax Receipt Application & Palm Beach County Local Business Tax Receipt Application
- ❖ Fictitious Name Registration, Exemption and/or Articles of Incorporation, (new business or change of ownership)
- ❖ A copy of a valid State License, (state licensed professionals only) **the business tax receipt shall not be issued until the state license has been submitted**
- ❖ Wellington non-refundable registration fee, tax and inspection fees
- ❖ A copy of Certificate of Completion or Certificate of Occupancy (new buildings, build-outs, or interior renovations only) **A Business Tax Receipt shall not be issued prior to CC or CO **
- ❖ Fire Inspection and sign-off (All new commercial businesses and change of ownership)
- ❖ A copy of your State Driver's License with the current address per Florida Statute 322.19
- ❖ A copy of Bill of Sale for change of owner
- ❖ A copy of Lease Agreement or Notarized Letter from property owner (if applicable)

ADDITIONAL REQUIREMENTS FOR CERTAIN BUSINESSES

- If your profession or occupation is regulated by the Fla. State Department of Business and Professional Regulation (850-487-2252) you must attach a copy of your current certification, registration or license to this application.
- All food service businesses must obtain approval from the Fla. State Division of Hotel and Restaurants (954-958-5520). You are required to attach a copy of the approved inspection report to this application.
- A copy of the State License for Alcohol (if applicable).
- Childcare facilities are required to be approved by the Palm Beach County Health Department (561-840-4500). A copy of the license must be attached to this application.
- Food outlets, auto repair, travel agencies, telemarketers, health and dance (ballroom) studios must submit a permit, registration or exemption from the Florida State Department of Agriculture and Consumer Services (1-800-435-7352).
- Certified contractors must attach a copy of a Florida State and/or Palm Beach County Certification (call 561-233-5525 for certification information).
- If your business is based within the incorporated boundaries of Wellington; you are required to possess a Wellington Business Tax Receipt. If your business is not based within the boundaries of Wellington, you must submit a copy of a Business Tax Receipt from the county or municipality where your business is based for registration of your license with Wellington.
- Banks, mortgage brokers, finance companies and stockbrokers must be registered with the State Comptroller, Fla. Dept. of Banking and Finance (561-837-5054). Attach a copy of the state, federal or national license showing the proper business location as stated on this application.

Please return applications with payment made payable to:

Village of Wellington
12300 Forest Hill Boulevard
Wellington, FL 33414



Application For Palm Beach County Local Business Tax Receipt

BUSINESS INFORMATION (To be completed by applicant):

****Instructions & checklist on reverse side****

Check Applicable Box: New Business Transfer of Address Transfer of Ownership Business Name Change
 New Business Tax Receipt Other _____

Current Business Tax Receipt # (if applicable): _____

Business/DBA/Trade Name: _____
(Division of Corporations requires registration of a fictitious name. Copy of registration must accompany this application)

Corporation / Business Name: _____

Owners Name: _____

Federal Employer ID #: _____ ****OR**** Social Security #: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Date in business at this location: _____ Business Phone Number: _____

Mailing Address (if different above): _____ City: _____ State: _____ ZIP: _____

E-Mail address: _____

Nature of Business: _____ ****OR**** Profession: _____
(Landscape, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Maximum Number of: Employees: _____ Machines _____ Rooms: _____ Restaurant seating: _____

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

I certify, under penalty of law, 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: _____
(Agent, Owner, Rep.)

PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL ****See reverse side for details on zoning****

Municipal/City Zoning Approval: _____ Title: _____

****OR**** Unincorporated Zoning Approval/
Planning Zoning & Building Approval: _____ Title: _____

PZ&B - Place initials in box if approval from department is required*** Regulator Signature required on line, when approval has been meet ***

<input type="checkbox"/> Zoning (U No.) _____	<input type="checkbox"/> Fire Marshall _____
<input type="checkbox"/> Compliance _____	<input type="checkbox"/> Health Department _____
<input type="checkbox"/> Building _____	<input type="checkbox"/> Hotel & Restaurant _____
<input type="checkbox"/> NAICS Code _____	<input type="checkbox"/> Prior Use of Bay/Bldg. _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Cnty Home Based Affidavit _____

FOR TCO OFFICE USE ONLY (Signature and title designates approval)

LBTR#/Account #: _____	Branch Office: _____	CURRENT YR <input type="checkbox"/>
Till number: _____	State/County License Cert #: _____	1 YR <input type="checkbox"/>
NAICS Code: _____	Receipt #: _____	2 YR <input type="checkbox"/>
Cust. Relations Guide/ CRA: _____		3 YR <input type="checkbox"/>
Date: _____	Field Service Approval: _____	4 YR <input type="checkbox"/>
TOTAL FEE DUE : \$ _____		5 YR <input type="checkbox"/>



Application Requirement Guide for Local Business Tax Receipt

APPLICATION REQUIREMENT GUIDE (CHECKLIST)

****Please complete application on reverse side.****

- COMPLETE APPLICATION** (first box on reverse side)
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION** (if applicable): www.sunbiz.org
- OBTAIN ZONING APPROVAL** (one of the following):
 - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval). ****OR****
 - Unincorporated - Palm Beach County Zoning Approval (If business is located in unincorporated Palm Beach County) submit this application to Palm Beach County Planning, Zoning & Building for approval [2300 N. Jog Rd. West Palm Beach-Vista Center 561-233-5200].
- COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE** (if applicable):
 - Dept. of Business and Professional Regulation (850-487-1395)
 - Child Care Facilities must be registered by Palm Beach County Dept. of Health (561-840-4500)
 - State of Florida Dept. of Health (850-488-0595)
 - Certified Contractors must be licensed by Palm Beach County Construction Industry Licensing Board (561-233-5525) or Department of Business and Professional Regulation (850-487-1395)
 - State of Florida, Dept. of Agriculture and Consumer Services (800-435-7352) for food outlets, auto repair, health and dance studios, telemarketers and travel agencies must provide permit, registration or exemption.
 - Restaurateurs and mobile food unit operators must provide a copy of approved inspection report from the Division of Hotel & Restaurants (850-487-1395) or obtain an authorizing signature on the application (reverse side).
 - Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State of Florida Office of Financial Regulation (850-410-9805).

NOTE: Price quotes are only valid if received and posted in the Tax Collector's computer system within the same month of quote.

Palm Beach County Local Business Tax Receipt is in addition to, not in lieu of, any license required by law or municipal ordinance (County Ordinance 72-7).

Further information can be obtained by calling (561) 355-2272 or visiting our website: www.taxcollectorpbc.com

Mail completed application to:
 Palm Beach County Tax Collector
 Attn: Business Tax Department
 P.O. Box 3353
 West Palm Beach, FL 33402-3353

****OR****

Visit one of our locations with the completed application: (Monday – Friday 8:15 am to 5:00 pm)

Belle Glade Service Center
 PBC Glades Office Building
 2976 State Road 15
 Belle Glade, FL

Lake Worth Service Center
 3551 South Military Trail
 Lake Worth, FL

Royal Palm Beach Service Center
 200 Civic Center Way
 Royal Palm Beach, FL

Delray Beach/South County Service Center
 501 South Congress Ave
 Delray Beach, FL

Palm Beach Gardens/NE County Courthouse Service Center
 3188 PGA Blvd
 Palm Beach Gardens, FL

West Palm Beach/Downtown Service Center
 301 North Olive Avenue
 West Palm Beach, FL

