

## HOME-BASED BTR APPLICATION SUBMITTAL CHECKLIST

- Wellington Local Business Tax Receipt Application
- Palm Beach County Business Tax Receipt Application
- Fictitious Name Registration and/or Articles of Incorporation, *(If applicable)*
- A copy of a valid State License, (state licensed professionals only) \*\*the business tax receipt will not be issued until the state license has been submitted\*\*
- Wellington non-refundable registration fee, tax and/or application fees
- Business Narrative describing in detail the nature of the business at the specified address
- A copy of your State Driver's License with the current address per Florida Statute 322.19
- A copy of Palm Beach County Property Appraiser record search and/or Lease Agreement

## HOME BASED BUSINESS LAND DEVELOPMENT REGULATIONS (LDR) REQUIREMENTS

**HOME OCCUPATIONS:** A home occupation shall be subject to the following supplementary use standards pursuant to Section 6.4.4.60 of the Land Development Regulations (LDR):

- a. **Incidental in nature:** The home occupation shall be clearly incidental and secondary to the residential use of the building and shall be confined to no more than ten (10) percent of the total floor area of the dwelling.
- b. **Location:** A home occupation, with the exception of outside instructional services, shall be conducted within the principal dwelling or off-site, and shall not be conducted within any accessory building or structure or within any open porch or carport that is attached to and part of the principal structure. Instructional services, which by their nature, must be conducted outside of the principal structure, such as swimming lessons, shall be located in a rear or side yard.
- c. **No change to character of dwelling:** The home occupation shall not change the essential residential character of the dwelling in terms of exterior appearance and interior space.
- d. **Employees:** A home occupation use shall be conducted by a member of the immediate family residing in the dwelling unit. A maximum of one (1) person who is not a member of the immediate family may assist in the operation of the home occupation. In addition, only one (1) person outside of the home may be employed by the service provided by the home occupation.
- e. **Local Business Tax Receipt:** A home occupation shall be operated pursuant to a valid local business tax receipt for the use held by the resident of the dwelling.
- f. **No Advertising:** No external evidence or sign shall advertise, display, or otherwise indicate the presence of the home occupation, nor shall the street address of the home occupation be advertised through signs, billboards, television, radio or newspapers. Advertising on vehicles shall be limited to the minimum necessary to meet code requirements as mandated by PBC Contractors Certification Division Chapter 67-1876, or Florida State Statutes Section 489.
- g. **No on-premise sales:** A home occupation shall not involve the sale of any stock in trade, supplies, products or services on the premises, except for home instructional services.
- h. **Instructional Services:** Instructional services may be approved as home occupations, provided the services meet the following additional regulations:
  - 1. Resident. The instruction must be conducted by a resident of the dwelling where lessons are provided. Only one instructor shall be permitted to provide instruction. The local business tax receipt shall be issued to the instructor.
  - 2. Insurance. Proof of liability insurance in the amount of at least \$300,000 covering the instructional service shall be submitted in order to obtain the home occupation.

**Home Occupations:** Section 6.4.4.60 of the Land Development Regulations (LDR) continued:

3. Cars. No more than two (2) cars associated with the lessons shall be permitted to be parked at the instructor's home at any time.
  4. Location: Inside. Home instruction, inside.
    - (a) Number of students. A maximum of three (3) students at a time shall be permitted to receive instruction during a lesson.
    - (b) Hours of Operation. Instruction shall occur only between the hours of 9:00 a.m. and 8:00 p.m.
  5. Location: Outside. Home instruction outside.
    - (a) Lots less than 1.25 acres. On lots of less than one and one quarter (1.25) acres only one student at a time shall be permitted to receive instruction during a lesson.
    - (b) Larger lots. On lots that are one and one quarter (1.25) acres or larger, up to three students at a time shall be permitted to receive instruction during a lesson.
    - (c) Hours of operation. Outside instruction shall occur only between the hours of 9:00 a.m. and 8:00 p.m.
    - (d) Screening. On lots of two and one-half (2.5) acres or less, the instruction area shall be screened from view from adjoining property lines with fencing or vegetation.
- i. **No outside storage:** No equipment or materials used in the home occupation shall be stored or displayed outside of the dwelling, including driveways.
- j. **Nuisances prohibited:** No home occupation shall involve the use of any mechanical, electrical or other equipment, materials or items which produce noise, electrical or magnetic interference, vibration, heat, glare, smoke, dust, odor or other nuisance outside the residential building. There shall be no storage of hazardous or noxious materials on the site of the home occupation. There shall be no noise of an objectionable nature from the home occupation audible at adjoining property lines.
- k. **Violations or hazard:** If any of the above requirements are violated, if the use; or any part thereof, is determined by the Zoning Director to create a health or safety hazard, then the local business tax receipt may be revoked.

### **AFFIDAVIT OF COMPLIANCE**

**I have read the above regulations for home occupations. I am aware of my responsibilities and liabilities for the use and occupation on the property. I do hereby covenant and agree to abide by each of the aforesaid stipulations. I further understand that any violation of the stipulations may result in possible code enforcement action and/or revocation of license.**

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

Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# 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 (required for manufacturing)					

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: \$250.00 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 30<sup>th</sup> of each year. Penalty fees are assessed on OCTOBER 1<sup>st</sup> through January 30<sup>th</sup> and a \$250 non-compliant fee is assessed to all businesses failing to renew prior to February 1<sup>st</sup>.

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](http://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](http://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

