



Commercial Business

A commercial business tax receipt is required for every person(s) or company that is conducting a business in a commercial location within the City of Riviera Beach. This packet will include instructions on how to obtain a Business Tax Receipt. For more information, please visit our website at www.rivierabch.com or call (561) 845-4019.

Commercial Business Instructions

Step 1. A preliminary approval must be obtained from the Planning and Zoning department located on the 2nd floor room C214

Step 2. Please complete the Certificate of use and/or Business Tax Receipt application and include the following:

- Copy of lease or proof of ownership
- Copy of Fictitious name or Articles of Incorporation
- Copy of all state license(If applicable)
- For additional information about licensing, please see special requirements attached.

The completed application package should be submitted with a \$120.00 (non-refundable) application fee. Please note, upon approval there will be an additional fee due for the Certificate of Use and/ or Business Tax Receipt.

For Planning & Zoning questions please call (561) 841-0203.

The completed application along with the necessary documents and fees may be submitted in person at:

600 W. Blue Heron Blvd. Riviera Beach, FL 33404

Or by mail:

**City of Riviera Beach PO Box 9757
Riviera Beach, Fl. 33419**

Or by email:

Businessstaxreceipt@rivierabeach.org

Development Services Department may require that you provide supplemental materials such as, but not limited to: **Schedule L of IRS Tax forms 1120, 1120S, 1065 or Schedule S of IRS Tax Form 1040**; internally prepared or audited financial statements or appraisals.

Special Requirements for Certain Businesses



- 1) If your profession or business is certified by the Department of Business and Professional Regulation please contact (850-487-1395) or Department of Health at (850-488-0595). You must attach a copy of your certification, registration, or license to the application.
- 2) Banks, mortgage brokers, finance companies, and stockbrokers, money transmitters, and pay day lenders must be registered with the Office of Financial Regulation (850-410-9805). Please include a copy of the license with the application. License must have same address as the business.
- 3) Restauranters and mobile food unit operators must contact the DBPR Division of Hotel & Restaurants (850-487-1395).
- 4) Child care must have the approval of the Palm Beach County Health Department or you may contact them at (561-355-3018). Please include a copy of the license with the application.
- 5) Food outlets, motor vehicle repair shops, sellers of travel, charitable organizations, telemarketers, and health studios must submit a copy of their registration or exemption from the State of Florida Department of Agriculture & Consumer Services (800-435-7352).
- 6) Certified contractors must attach a copy of the State of Florida and/or Palm Beach County certification. Please contact 561-233-5525 for certification information. Also include a copy of license from the Department of Business and Professional Regulation.
- 7) Alcoholic beverages & tobacco, auctioneers, barbers, cosmetology, martial arts, CPA, condominiums, cooperatives, timeshares, home owners associations must submit a copy of their license from the Department of Business and Professional Regulations (850-487-1395)

<https://www.myfloridalicense.com/w111.asp?mode=1&SID=&brd=&typ=>

<http://www.freshfromflorida.com/Forms-Publications/Forms>

<http://www.flofr.com/StaticPages/ApplyForALicense.htm>



CITY OF RIVIERA BEACH PRELIMINARY ZONING VERIFICATION SHEET

Please clearly and accurately complete the following information and submit it to the Planning and Zoning Division. This Zoning Verification is required prior to applying for a City Certificate of Use and Business Tax Receipt.

Phone (561)841-0203

Email: POC@RivieraBeach.org

Name: _____ Date: _____

Phone Number: _____ E-Mail: _____

Address for Verification: _____

Requested Use: (Please give a detailed description of the nature of business, please include the name of business.)

******* AREA BELOW FOR CITY STAFF USE ONLY *******

PCN: _____

Zoning Designation: _____ Future Land Use Designation: _____

Preliminary Zoning Verification is:

Approved:() Denied:() Approved by Special Exception ()

***A Complete City Staff Review is Needed for Final Approval of COU and BTR**

Planning and Zoning Staff Name, Initials, and Date:

Please submit this sheet along with your completed Certificate of Use / Business Tax Receipt Application to the Business Tax Receipt Office (561)845-4019. If applicable, also complete and submit the Home Business Certificate of Use Agreement or the Rental Unit Owner Affidavit.

THIS PROPERTY MUST PASS ALL REQUIRED INSPECTIONS PRIOR TO THE ISSUANCE OF A COU/BTR.



The City of Riviera Beach

600 W. Blue Heron Blvd.
Riviera Beach, FL 33404
Telephone: (561)845-4019

PLEASE CHECK APPLICATION TYPE: NEW APPLICATION ADDRESS CHANGE NAME CHANGE

Commercial Business Certificate of Use/Business Tax Receipt Application

Warning: this application is not a Certificate of Use or Business Tax Receipt

PCN# (REQUIRED) _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ SUITE # _____ CITY: _____ ST: _____ ZIP: _____

BUSINESS PHONE: _____ E-MAIL ADDRESS _____

MAILING ADDRESS: _____ SUITE # _____ CITY: _____ ST: _____ ZIP: _____

DESCRIBE NATURE OF BUSINESS IN DETAIL: _____

MANAGER/APPLICANT'S NAME _____ (If a corporation attach a list of all officers)

OWNER _____ TITLE _____

PLEASE INCLUDE ANY APPLICABLE INFORMATION BELOW

DOES THIS BUSINESS HAVE/REQUIRE A STATE OR PROFESSIONAL LICENSE? YES OR NO (PLEASE CIRCLE ONE) IF YES, PLEASE PROVIDE A COPY OF ALL STATE/PROFESSIONAL LICENSE

STATE LICENSE OR FLORIDA BAR CARD # _____

ARE YOU APPLYING FOR A MOBILE VENDOR LICENSE? YES OR NO (PLEASE CIRCLE ONE)

HAVE YOU BEEN ISSUED A NOTICE OF VIOLATIONS? YES OR NO (PLEASE CIRCLE ONE)

IS THIS A RENTAL PROPERTY? YES OR NO (PLEASE CIRCLE ONE) IF YES, PLEASE COMPLETE AFFIDAVIT FOR RENTAL UNIT

HAS THIS BUSINESS BEEN TAXED WITHIN THE CITY BEFORE? YES OR NO (PLEASE CIRCLE ONE)

WHERE? _____ WHEN? _____

IS THE PROPOSED BUSINESS LOCATION VACANT? YES OR NO (PLEASE CIRCLE ONE) IF YES, HOW LONG HAS THE LOCATION BEEN VACANT _____ IF NO, WHAT IS THE CURRENT USE? _____

IS BUSINESS A HOME OCCUPATION? YES OR NO (PLEASE CIRCLE ONE) IF YES, PLEASE COMPLETE HOME OCCUPATION AFFIDAVIT

- 1. THE PLACE OF BUSINESS MUST BE OPEN TO ALL INSPECTORS.
2. IT IS THE APPLICANT'S RESPONSIBILITY TO FOLLOW UP ON THIS PROCESS.
3. DO NOT OPERATE A BUSINESS WITHOUT A CERTIFICATE OF USE AND BUSINESS TAX RECEIPT.

IMPORTANT INFORMATION

YOUR FIRST STEP IN OBTAINING A CERTIFICATE OF USE IS TO RECEIVE ZONING VERIFICATION TO DETERMINE THAT THE LOCATION IS PROPERLY ZONED FOR THE PROPOSED BUSINESS ACTIVITY. AFTER RECEIVING ZONING VERIFICATION YOU MUST OBTAIN CODE ENFORCEMENT AND FIRE INSPECTIONS AND APPROVAL FROM THE POLICE DEPARTMENT.

I certify that all the above information is true and correct, and I understand that any false statements constitute a violation of Florida State Statutes § 831.01 and will result in the revocation or denial of Certificate of Use and prosecution in accordance with the law. I hereby agree to operate the above-described business in accordance with all the laws of the State of Florida and the laws and ordinances of the City of Riviera Beach. Furthermore, I understand that the issuance of this Certificate of Use is conditioned upon the compliance with all ordinances and the results of any investigations of the above described business.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

- SIGNATURES MUST BE ORIGINAL
APPLICATION MAY BE EMAILED TO
BUSINESSTAXRECEIPT@RIVIERABEACH.ORG



City of Riviera Beach
Commercial Businesses/Professional Offices Inventory & Certificate of Use Affidavit
Please Complete All Applicable Information Below

Business Name: _____ Contact Name: _____

Vendor Number: _____ Email Address (Required): _____

Business Location Address: _____

Mailing Address: _____ Phone # _____

Is your business: (Please select all that apply)

a. Professional Office: Yes No Other: (Please Specify): _____

Number of Employee's with Professional Licenses (DBPR-Please provide copy): _____

b. Retail: Yes No Wholesale: Yes No Rental Service: Yes No

*Total Value of Inventory Amount Required \$ _____

(ie: value of inventory for wholesale or retail; rental services; construction material; contractor storage, warehouse)

Number of Rooms (hotels, motels, assisted living): _____ Number of Employees: _____

State approved capacity (child or adult day care) _____ Number of Boat Slips: _____

Number of Units (rentals or storage): _____ Number of Vehicles (delivery): _____

Number of Seats (if restaurant or salon): _____ Number of Vehicles; Vessels; Equipment (rental): _____

Number of Vending Machines and or ATM's: _____ Other Quantities (pumps,bikes, scooters, golf carts, etc: _____

Please Note: If you are a non-profit organization, it is **mandatory** to provide a copy of the 501(c)(3) form to indicate you are tax exempt. If appropriate, please provide a copy of your current state license and/or certification.

THE PROPERTY DESCRIBE ABOVE IS:

1. Free and clear of any stop work orders from the City's Building Division. Yes
2. Free and clear of any City building permits that have been inactive for more than 180 days. Yes
3. Free and clear of any City water liens or City property liens. Yes
4. Free and clear of any property maintenance or code compliance violations. Yes

I, the undersigned, swear that this affidavit including any attachments hereto is true and correct. I understand that a Certificate of Use is required per City Code of Ordinances Section 10-243, and that the issuance or renewal of a Certificate of Use and/or a Business Tax Receipt does not waive State of Florida's licensing, registration, and/or certification requirements, nor does it waive any other requirements of the City, County, State or Federal authority that must be met prior to engaging in or entering into that activity for which this affidavit is being made. Any misstatement of fact, whether intentional or not, shall result in the immediate denial or suspension of a Certificate of Use.

Owner or Authorized Agent Printed Name: _____

Owner or Authorized Agent Signature: _____ Date: _____

The foregoing instrument was acknowledged before me by means of ___ physical presence, or ___ on-line notarization this ___ day of _____, 20__ by _____, who is personally known to me or who has produced identification _____ (Type of Identification).

State of _____, County of _____

 (Name of Notary Public)

 (Signature of Notary Public)

 (Print, Type or Stamp Commissioned Name of Notary Public)