



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 _____ FICTITIOUS/DBA 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