



## Commercial-Out of City Business

A commercial-out of city business tax receipt is required for every person(s) or business that is conducting business within the City limits; however, the physical location of the business is outside of the City limits. This packet will provide an outline of the steps taken and documentation required in order to obtain a Certificate of Use/Business Tax Receipt. For more information, please visit our website at [www.rivierabch.com](http://www.rivierabch.com) or call (561) 845-4019.

### Commercial-Out of City Business Instructions

Step 1. Please complete the Certificate of Use/Business Tax Receipt application and include the following:

- Copy of fictitious name or articles of incorporation
- Copy of local business tax receipt
- Copy if any state license
- For addition information about certain licensing, please see special requirements attached.

The completed application package should be submitted with a \$20.00 (nonrefundable) application fee. Please note that upon approval, there will be an additional fee due for the Certificate of Use and/ or Business Tax Receipt.

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  
P.O. Box 9757  
Riviera Beach, FL 33419**

Or by email:

**[businesstaxreceipt@rivierabeach.org](mailto:businesstaxreceipt@rivierabeach.org)**

## 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/wl11.asp?mode=1&SID=&brd=&typ=>

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

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



The City of Riviera Beach

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

Certificate of Use [ ]
Business Tax Receipt [ ]

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 \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_ ST: \_\_\_\_\_

PLEASE INCLUDE ANY APPLICABLE INFORMATION BELOW

STATE LICENSE OR FLORIDA BAR CARD # \_\_\_\_\_

SQ. FT. \_\_\_\_\_ INVENTORY AMOUNT \$ \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_ # OF SEATS \_\_\_\_\_

# OF MACHINES \_\_\_\_\_ # OF VEHICLES \_\_\_\_\_ # OF AMUSEMENT DEVICES/POOL TABLES \_\_\_\_\_

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 NOT BE FAXED