



CITY OF RIVIERA BEACH
CERTIFICATE OF USE RENTAL RENEWAL AFFIDAVIT

ATTENTION: EFFECTIVE IMMEDIATELY
The City of Riviera Beach will no longer mail renewal notices. We are transitioning to an electronic renewal process. An email address is required to receive renewal invoices.

The Certificate of Use Rental Affidavit/Business Tax Receipt held with the City of Riviera Beach will expire ***September 30th of each calendar year.***

In order to renew your Certificate of Use/Business Tax Receipt, an updated and notarized Rental Renewal Affidavit must be on file. Please be advised that renewals cannot be processed without a current notarized Rental Renewal Affidavit, which must be updated annually.

The affidavit must be completed, signed, notarized and sent to the Business Tax Receipt office no later than ***July 15th of each calendar year*** in order to process the renewal invoice prior to **September 30th.**

Please submit completed notarized affidavits to:

Email: businesstaxreceipt@rivierabeach.org

OR

Mail:
City of Riviera Beach
Business Tax Receipt Office
P.O. Box 9757
Riviera Beach, FL 33419

Renewal invoices will be e-mailed once Renewal Affidavit process is complete. All renewal payments must be received no later than September 30th to avoid penalties and late fees.

Incomplete Renewal Affidavits will be returned, unprocessed.



Rental Properties
Certificate of Use Renewal Affidavit
Please Complete ALL Applicable Information Below

COMPLETED FORM MUST BE NOTARTIZED

Owner's Name: Property Manger:

Vendor Number/BTR Number: Phone Number

Rental Property Address:

Mailing Address:

Contact Email Address(required):

- Residential Rentals (rental of apartments, homes, duplex, triplex, and Public Lodging Establishments*) See below**
Commercial Rentals # of units, bays, or suites

Is the rental property a Congregate Living Facility, Assisted Living Facility or Sober Home?
Yes No If yes, please provide number of beds. # of beds

*A Public Lodging Establishment means a hotel, motel, non-transient apartment, transient apartment, rooming house, bed and breakfast inn, or vacation rental as defined in section 509.013 and 509.242, Florida Statutes.

**Please select rental type:

- Apartment complex including trailer park space # of Units/Spaces
Hotel, Motel, Rooming Houses, Bed and Breakfast Inn # of Units/Rooms
Single Family House, Duplex or Triplex # of Units
Vacation Rentals (Provide updated copy of DBPR) # of Units

THE PROPERTY DESCRIBED ABOVE IS:

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

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. 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. Vacation Rentals must provide a copy of the approved license from the Department of Business and Professional Regulations.

Owner or Authorized Agent's Printed Name:

Owner or Authorized Agent's 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)