



**TOWN OF JUNO BEACH  
BUSINESS TAX RECEIPT APPLICATION**

**340 Ocean Drive  
Juno Beach, FL 33408  
Phone: (561) 656-0302 – Fax: (561) 775-0812**

Name of Business: \_\_\_\_\_

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

Type / Description of Business: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ FEI#: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

RETAILERS / OFFICE SPACE: SQ. FT. \_\_\_\_\_ RESTAURANTS: # OF SEATS \_\_\_\_\_

HOTEL / MOTEL / APT.: # OF ROOMS / UNITS \_\_\_\_\_

CORPORATION: \_\_\_\_\_ LLC \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ PROF. ASSOC. \_\_\_\_\_ SOLE PROP. \_\_\_\_\_

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

State of Florida  
County of Palm Beach

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_. Personally known to me \_\_\_\_\_ OR produced \_\_\_\_\_ as identification and did not take an oath.

Notary Public

NOTARY SEAL

**NOTE: FAILURE TO COMPLY WITH TOWN CODES WILL RESULT IN REVOCATION OF BUSINESS TAX RECEIPT.**

**OFFICE USE ONLY**

Date: \_\_\_\_\_  Zoning (561)656-0302 \_\_\_\_\_

Date: \_\_\_\_\_  Building (561)656-0302 \_\_\_\_\_

Date: \_\_\_\_\_  Fire Marshall (561)233-0050 \_\_\_\_\_

Date: \_\_\_\_\_  Health Dept. (561)625-5180 \_\_\_\_\_

Date: \_\_\_\_\_  Hotel/Restaurant (850)487-1395 \_\_\_\_\_

Date: \_\_\_\_\_  Other \_\_\_\_\_

FEE AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_ REC. # \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

RENEWAL \_\_\_\_\_ TRANSFER \_\_\_\_\_ NEW \_\_\_\_\_

## **INSTRUCTIONS FOR OBTAINING A BUSINESS TAX RECEIPT**

**Change of business location requires zoning approval, building, fire, health and / or hotel / restaurant department inspections, a new application, payment of a transfer fee and surrender of the current receipt.**

**Change of ownership requires proof of sale of business, a new application, payment of a transfer fee and surrender of the current receipt.**

**NOTE: A COPY OF CORPORATION / FICTITIOUS NAME REGISTRATION / BEVERAGE LICENSE AND PALM BEACH COUNTY BUSINESS REGISTRATION MUST BE ATTACHED IF APPLICABLE.**

### **\*\*SPECIAL REQUIREMENTS FOR CERTAIN OCCUPATIONS\*\***

- 1) If your profession or business is certified by the Department of Business and Professional Regulation (850-487-1395) or Department of Health (850-488-0595), you must attach a copy of your certification, registration, or license to this application.
- 2) Banks, mortgage brokers, finance companies and stockbrokers must be registered with the Office of Financial Regulation (850-410-9805). Attach a copy of the license showing proper business location to this application.
- 3) Restaurateurs must contact the Division of Hotel & Restaurants (850-487-1395). Attach a copy of approved inspection report to this application.
- 4) Food outlets, auto repair, travel agencies, telemarketers, health & dance (ballroom) studios must submit a permit, registration or exception from the State of Florida, Department of Agriculture & Consumer Services (800-435-7352).
- 5) Voluntary Pre-Kindergarten, schools and daycare centers must submit a 503C State Exempt Certification (nonprofit), interior diagram and DCF certification if applicable.

**ALL NEW BUSINESS TAX RECEIPT APPLICATIONS MUST HAVE COPIES OF APPROVED INSPECTION REPORTS FROM THE BUILDING OFFICIAL AND FIRE MARSHALL. SPECIALTY LICENSES MUST HAVE EITHER HEALTH DEPARTMENT AND / OR HOTEL / RESTAURANT COPIES OF APPROVED INSPECTION REPORTS.**

## EMERGENCY CONTACT INFORMATION

This form must be completed and returned with your completed application for a  
Business Occupational License

Name Doing Business As: \_\_\_\_\_  
Legal Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### THIS INFORMATION IS REQUIRED UNDER THE TOWN OF JUNO BEACH ALARM ORDINANCE #9-36

Is Your Business Alarmed: **YES** \_\_\_\_\_ **OR** **NO** \_\_\_\_\_  
If Yes, Give Name & Number of Alarm Company \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

#### 1st BUSINESS OWNER'S INFORMATION:

Full Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth (MM/DD/YEAR) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_  
Please include Area Codes: Home: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

#### 2nd BUSINESS OWNER'S INFORMATION:

Full Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth (MM/DD/YEAR) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_  
Please include Area Codes: Home: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

#### IN CASE OF AN EMERGENCY:

**THE POLICE WILL ATTEMPT TO CONTACT THE ABOVE LISTED OWNER(S). IN CASE THEY ARE UNABLE TO, PLEASE LIST OTHER CONTACTS BELOW THE OFFICER'S CAN CALL WHO WILL HAVE A KEY IF NECESSARY.**

**1st Name** \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth (MM/DD/YEAR) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_  
Please include Area Codes: Home: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_

**2nd Name** \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth (MM/DD/YEAR) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_  
Please include Area Codes: Home: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_

**3rd Name** \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth (MM/DD/YEAR) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_  
Please include Area Codes: Home: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_

**4th Name** \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth (MM/DD/YEAR) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_  
Please include Area Codes: Home: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_