



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

**340 Ocean Drive  
Juno Beach, FL 33408  
Phone: (561) 626-1122 – Fax: (561) 775-0812**

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

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

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

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

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

**Business Phone:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_ **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** \_\_\_\_\_

**Date:** \_\_\_\_\_ ☐ **Building** \_\_\_\_\_

**Date:** \_\_\_\_\_ ☐ **Fire Marshall** \_\_\_\_\_

**Date:** \_\_\_\_\_ ☐ **Health Dept.** \_\_\_\_\_

**Date:** \_\_\_\_\_ ☐ **Hotel/Restaurant** \_\_\_\_\_

**Date:** \_\_\_\_\_ ☐ **Other** \_\_\_\_\_

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

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

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

**Change of business location requires zoning approval, 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).