



City of Greenacres

CHECKLIST FOR COMMERCIAL BUSINESS TAX RECEIPT

5800 Melaleuca Lane Greenacres, FL 33463

Phone: 561-642-2053 Email: businessinfo@greenacresfl.gov

This checklist will help expedite your Business Tax Receipt. Please be sure to include the items as indicated below along with a copy of this checklist. Missing documents may delay your processing time.

All Businesses must include:

- City of Greenacres Business Tax Application
- Property Owner's Name and Contact Information (email address and phone number)
- Copy of Lease Agreement
- Palm Beach County Business Tax Application. The county requires their application to be signed by the City of Greenacres prior to submitting it to the county. For further county requirements and fees contact the Tax Collector at 561-355-2272
- Business tax fee as determined by the type of business and outlined on the Fee Worksheet.
- Proof of registered business name, if other than your own full legal name Fictitious Name, or Trademark from the State of Florida Division of Corporations. For information or to file an application visit www.Sunbiz.org
- Copy of State License, if business is regulated by a state agency, for example: Dept of Business & Professional Regulation, Dept of Health, Dept of Agriculture & Consumer Services
- Federal Employer Identification number or Confidential Release of Social Security Number and Statement of Purpose affidavit
- Prohibited Sign Information Affidavit
- For Medical or Dental offices, complete attached Affidavit
- Schedule Life Safety inspection

Additional Contacts:

Dept. of Business and Professional Regulation (850-487-1395).

Palm Beach County Dept. of Health for Child Care Facilities (561-840-4500).

State of Florida Dept. of Health (850-488-0595).

Palm Beach County Construction Industry Licensing Board (561-233-5525).

State of Florida, Dept. of Agriculture and Consumer Services (800-435-7352) for food outlets, auto repair, health and dance studios, telemarketers and travel agencies.

Division of Hotel & Restaurants (850-487-1395) for restaurants and mobile food unit operators.

State of Florida Office of Financial Regulation (850-410-9805) for banks, mortgage brokers, finance companies, and stockbrokers.



City of Greenacres
COMMERCIAL BUSINESS TAX RECEIPT APPLICATION

Date _____

Business Information

Business Name _____

Address _____ City _____ ST _____ Zip _____

Mailing _____ City _____ ST _____ Zip _____

Name of Plaza _____

Business Phone _____ Alternate Phone _____

Web-Site _____ E-Mail Address _____

If Applicable State License Number _____

Applicant or Owner Information

Owner Name _____ Phone _____

Corporation _____ Phone _____

Address _____ City _____ ST _____ Zip _____

Pursuant to F.S. 205.0535 (5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available, the applicant must complete the attached form with the SSN for the person being taxed pursuant to F.F. 119.071 (5).

FEIN _____ or Social Security number to be completed on attached document.

Describe in Detail the Nature of Your Business
(If more space is need, please use the attached sheets)

Proposed Hours of Operation _____ Days Open _____

Number of Employees _____ Number of Vehicles Used _____

Mark below if your business requires the following or if you are claiming any of the following exemptions

- | | |
|--|---|
| <input type="checkbox"/> Remodeling / Renovations | <input type="checkbox"/> Veterans Exemption |
| <input type="checkbox"/> Utilize Outside Storage | <input type="checkbox"/> Disability Exemption |
| <input type="checkbox"/> Handle Hazardous Material | <input type="checkbox"/> Non-Profit Exemption |
| <input type="checkbox"/> Sell Alcoholic Beverages | <input type="checkbox"/> Age Exempt |
| <input type="checkbox"/> Widows Exemption | |

State the quantity below as it applies to your business:

Merchandise Retail, Wholesalers, Industrial, and Entertainment/Amusement Businesses:

Gross square feet of floor area as reflected in your lease/floor plan _____

Assisted Living Facilities, Apartments, Dwelling Rentals, Hotels, Motels, Boardinghouse:

Number of units/rooms _____

Restaurant-Including Fast Food, Drive Through, Specialty Dessert, Deli, Dinner Theater:

Number of chairs/seats for food service and Lounge Areas _____

Amusement, Vending

Number of coin operated machines _____

In addition to the regulations of the City of Greenacres, there may be additional approvals and/or restrictions imposed by other agencies including Homeowners Associations. I further understand that I cannot operate my business prior to receiving a Business Tax Receipt from the City of Greenacres.

I hereby declare this application has been examined by me as of this date and to the best of my knowledge and belief is true and accurate:

Applicant's Signature _____ Title _____

Print Applicant's Name _____ Date _____

FOR OFFICE USE ONLY

Business Tax ID # _____ PCN Number _____

Zoning ____ Approved ____ Denied by _____ Date: _____

Approved Use _____

Inspection Date _____ Inspection Fee\$ _____ Total Amount Due \$ _____

Comments _____

This page is for any additional information you may want to provide (i.e., additional description of the nature of your business, contact information, etc.)

Lined writing area consisting of 30 horizontal lines.