



RETURN APPLICATION BY EMAIL TO BUSINESSSTAX@WPB.ORG OR IN PERSON AT 401 CLEMATIS STREET WEST PALM BEACH, FL 33401
IF EMAIL PLEASE ALLOW AT LEAST 5 BUSINESS DAYS FOR PROCESSING. YOU WILL BE CONTACTED BY EMAIL WITH NEXT STEPS AND
PAYMENT OPTIONS.

For office use only:
RENTAL TAX #: _____

RENTAL TAX APPLICATION/CERTIFICATE OF USE

PCN #: _____

17 digit Parcel Control Number can be found on Palm Beach County Property Appraiser (PAPA) website at:
http://www.pbcgov.com/papa/

OWNER NAME: _____

The Owner name as it appears on Palm Beach County Property Appraiser (PAPA). Copy of Bill of Sale/Recorded Warranty
Deed/Settlement Documents from Closing required for recently purchased property. If the Owner name is a corporation, partnership, LLC, or
fictitious name please provide proof from Division of Corporations (Sunbiz) official website: http://dos.myflorida.com/sunbiz/search/

FEIN#: _____ OR SS#: _____ OR ITIN#: _____

Federal Employee Identification Number Social Security # Required FS205.0535(5) Individual Taxpayer Id Number

City Code Sec 22-31. Designation of Resident Agent – No business tax receipt shall be issued by the City for a rental dwelling located on a
rental premises unless the Applicant designates in writing to the City the name, address, and local telephone number of the owner or
resident agent to receive service of notice of violation for this code.

The owner may designate as his or her resident agent any natural person 18 years of age or older who is customarily present at a
business location within the City of West Palm Beach for the purposes of transacting business, or who actually resides within the City of
West Palm Beach.

DESIGNATED AGENT (if different from owner): NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

RENTAL ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER PHONE: _____ OWNER EMAIL: _____

*VACATION RENTAL SHORT-TERM YES ___ NO ___

If yes, must provide proof of your State of Florida Vacation Rental license.

*Vacation rental short-term means any dwelling unit or structure originally constructed for residential use that is used for temporary lodging and is listed
with an agent, advertised or made available by referral, word of mouth, Internet, recommendation and/or reputation as a vacation or tourist rental.

FOR OFFICIAL USE ONLY

ASSISTED BY: _____

DATE STAMP: _____

CATEGORY: _____

FEE SCHEDULE AND DEPARTMENTAL APPROVAL

RENTAL PROPERTY TYPE:

SINGLE FAMILY/TOWNHOUSE/CONDO #: _____ X 38.59 = \$ _____

GARAGE APARTMENT(S) #: _____ X 38.59 = \$ _____

APARTMENT(S) #: _____ X 33.08 = \$ _____

INSPECTIONS:

ZONING FEE (SINGLE UNIT) \$10.00 \$ _____

ZONING FEE (MULTIPLE UNITS) \$20.00 \$ _____

CODE ENFORCEMENT FEE \$25.00 \$ 25.00

FIRE INSPECTION FEE

**Inspection only for 3 or more units under the same roof. No fire inspection for condos.*

\$35.00 (3-11 UNITS) \$ _____

\$55.00 (12-24 UNITS) \$ _____

\$75.00 (25-100 UNITS) \$ _____

\$125.00 (OVER 100 UNITS) \$ _____

CERTIFICATE OF USE (COU) FEE: \$50.00 \$ 50.00

25% penalty is collected on all notice of violations \$ _____

TOTAL \$ _____

NAME CHANGE ONLY: \$25.00+COU \$50 \$ 75.00

**No Inspections on name change*

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 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 PROPERTY IN ACCORDANCE WITH ALL THE LAWS OF THE STATE OF FLORIDA AND THE LAWS AND ORDINANCES OF THE CITY OF WEST PALM BEACH. I ACKNOWLEDGE THE CITY OF WEST PALM BEACH ORDINANCE NO. 4159-08 SECTION 54-370, RELATING TO THE REGULATION OF THE RESIDENCY OF SEXUAL OFFENDERS AND SEXUAL PREDATORS. FURTHERMORE, I UNDERSTAND THAT THE ISSUANCE OF THIS LICENSE IS CONDITIONED UPON THE COMPLIANCE WITH ALL ORDINANCES AND THE RESULTS OF ANY INVESTIGATIONS OF THE ABOVE DESCRIBED PROPERTY. I ACKNOWLEDGE THAT THE RENTAL TAX RECEIPT EXPIRES EACH YEAR ON SEPTEMBER 30TH.

OWNERS SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

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