



City of South Bay
 335 SW 2nd Ave
 South Bay, FL 33493
 (561)996-6751
 (561)996-7950 Fax
www.southbaycity.com

BUSINESS TAX RECEIPT APPLICATION

Owner's Name:	
Nature of Business:	
Business Name:	
Mailing Address:	
City, State, Zip:	
Business Address:	
City, State, Zip:	
Business Phone:	Business Fax:
FEIN/SSN #:	County Tax Receipt #
Date:	State License#

****DOCUMENTS REQUIRED ALONG WITH APPLICATION FOR APPROVAL****

- County Business Tax Receipt
- Certificate of Competency or State License: (Department of Professional Regulations) please see list of contractors below

General	Plumbing	Underground Utility
Building	Mechanical	Roofing
Electrical	Sheet Metal	Swimming Pool
Residential	Solar	Specialty
- Certificate of Insurance: Liability and Worker's Compensation issued to the City of South Bay
- Articles of Corporation, Incorporation or Fictitious Name: First Page of Articles of Incorporation, Corporate Seal or copy of Fictitious Name
- Additional information may be required per Building Official (Inspections)

I do solemnly swear that the above statement is true and accurate to the best of my knowledge.	
SWORN TO ME THIS _____ DAY OF _____, 20 ____ .	
NOTARY PUBLIC _____	
Signature of Applicant: _____	
Date: _____	

City Building and Zoning Approval	
The above listed property is located within a _____ zone which allows the operation of the above business.	
Building Official's Signature: _____	
Date: _____	

Palm Beach County Fire Department Approval	
The facility complies with the minimum requirements of the Standard Fire Code.	
A copy of inspection report from the county must be submitted along with application.	