



Home Based Business Tax Cover Letter

Welcome to our Wellington business community! We wish you good fortune in your business venture and we are ready to assist you in any way possible. The enclosed package is your application for a Local Business Tax Receipt (BTR) with Wellington.

For your convenience, we have provided a registration checklist. This checklist provides a list of the required documentation that must be submitted to obtain the BTR.

If your business is incorporated, you will need to submit a copy of the Articles of Incorporation. If you are using a fictitious name, please submit a copy of the fictitious name registration from Florida Department of State. State licensed professions must submit a copy of a valid state license.

Business registration fees are due when the application is submitted. Please be advised that the registration fees are separate from the business tax and inspection fees and will not be refunded if the application is denied or cancelled. Registration fees can be paid by check, cash or credit card (MasterCard, Visa, American Express). Please make checks payable to Wellington.

Once the completed application is submitted it is forwarded to Wellington Planning & Zoning Division for approval. A required building safety inspection is scheduled for all new commercial businesses and/or change of ownership.

The application is then reviewed by the Business Tax Official to assure that the business is compliant with federal, state and local regulations.

Once the application passes final review, Wellington will issue the BTR and sign-off for Zoning on the Palm Beach County application. The County requires the signed original application in order to apply for the Palm Beach County Business Tax Receipt.

All licenses renew prior to October 1st of each year. ***Best of luck in your new business venture.***



Home-Based Business Tax Application Checklist

- Application for **Wellington Local Business Tax Receipt**;
- Confidential Release of Social Security Number and Statement of Purpose**;
- Application for **Palm Beach County Business Tax Receipt**;
- Signed and notarized **Home Occupation Affidavit**;
- Signed and notarized **Property Owners Consent Affidavit**;
- Fictitious Name Registration** and/or **Articles of Incorporation**, (if applicable);
- A copy of a valid **State License**, (state licensed professionals only) ****the business tax receipt will not be issued until the state license has been submitted****;
- Wellington **non-refundable registration fee, tax and/or application fees**;
- Business Narrative** describing in detail the nature of the business at the specified address; and
- A copy of your **Drivers License** with the current address per **Florida Statute 322.19**.



A GREAT HOMETOWN

Great Neighborhoods • Great Schools • Great Parks

Let Us Show You!

Home-Based Local Business Tax Receipt Application

Receipt # _____ Process By: _____ Issued By: _____ Date Issued: _____

Application is for: **New Business** **Add'l Classification** **Transfer Address**

BUSINESS INFORMATION

Business Name _____

Business Address _____

Street _____ City _____ State _____ Zip _____

Sub-Division Name _____

Type of Business (Please be specific) _____

Applicant – the following information is required:

Proposed Hours of Operation _____ AM/PM _____ AM/PM Days Open _____

Number of Employees _____ # of Coin Operated Machines _____ # of Vehicles to be Used _____

Business is a: **Corporation** **Joint Venture** **Partnership** **Professional Association** **Sole Proprietor**

Mailing Address (if different) _____
Street _____ City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____ FAX _____

Email Address _____ DOB (Senior Exempt Only) _____

If Applicable, State License # _____ Fictitious Name Reg. # _____

FEIN or Social Security Number _____ Applicants Driver's License # _____

Pursuant to FS 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 Social Security number for the person being taxed pursuant to section FS 119.071(5)

Home Based Tax Receipt Fee Schedule

ADMIN/REG FEE: **\$50.00***

ZONING REVIEW FEE: **\$30.00***

***ALL NEW APPLICATIONS ARE SUBJECT TO A ONE TIME \$80.00 ADMIN/REG & ZONING REVIEW FEE**

ANNUAL BUSINESS TAX: \$ _____

TOTAL TAX & FEES: \$ _____

ZONING APPROVAL: _____ DATE: _____

*****SEE REVERSE SIDE FOR ADDITIONAL INFORMATION*****

ADDITIONAL REQUIREMENTS FOR CERTAIN OCCUPATIONS

- o If your profession or occupation is regulated by the Fla. State Department of Business and Professional Regulation (850-487-2252) you must attach a copy of your current certification, registration or license to this application.
- o A **Palm Beach County Business Tax Receipt is required** in addition to the Wellington BTR. Please attach a copy of the Palm Beach County Business Tax Receipt, or a PBC BTR application.
- o All food service businesses must obtain approval from the Fla. State Division of Hotel and Restaurants (954-958-5520). You are required to attach a copy of the approved inspection report to this application.
- o Childcare facilities are required to be approved by the Palm Beach County Health Department (561-840-4500). A copy of the license must be attached to this application.
- o Certified contractors must attach a copy of a Florida State and/or Palm Beach County Certification (call 561-233-5525 for certification information).
- o If your business is based within the incorporated boundaries of Wellington, you are required to possess a Wellington Business Tax Receipt. If your business is not based within the boundaries of Wellington, you must submit a copy of a Business Tax Receipt from the county or municipality where your business is based for registration of your license with Wellington.
- o Banks, mortgage brokers, finance companies and stockbrokers must be registered with the State Comptroller, Fla. Dept. of Banking and Finance (561-837-5054). Attach a copy of the state, federal or national license showing the proper business location as stated on this application.

NOTE TO THE APPLICANT:

A completed application is required in order to process your business tax receipt. It is your responsibility to submit all documentation and fees as a part of the complete application. Failure to submit the required documentation will cause the Business Tax Receipt application to be returned to you.

Prior to issuance, all BTR applications are required to be reviewed and approved by the Planning and Zoning Division (561-791-4000) to assure the business is located in an appropriate location for the type of business proposed. If the business type is not as shown on this application, or if the business is not otherwise allowed in the zoning district of the proposed location, you will be required to relocate the business to an appropriately zoned location.

Any structural or interior modifications may require prior approval from the Building Division (561-753-2430).

All Business Tax Receipts expire SEPTEMBER 30th of each year. Penalty fees are assessed if your BTR is not renewed by that date. New Business Tax Receipt fees are prorated for half-year from April 1 through September 30. Otherwise, a full fee will be charged. Licenses are not prorated if your business is operational prior to April 1. NO REFUNDS will be made for businesses closed during the full fiscal year or for licenses paid in error.

I hereby affirm that I have read this application and that the statements contained herein are true and correct. I understand that the business tax receipt is in addition to any other local, state or federal regulatory licenses that may be required including but not limited to a Palm Beach County Business Tax Receipt

Applicant Signature _____ Date _____

**STATE OF FLORIDA
PALM BEACH COUNTY**

NOTARY CERTIFICATE

The foregoing instrument was acknowledged before me this _____ day of _____, 2011,

by _____ Whom is personally known to me or has produced _____
(Type of ID)

as identification.

Print Name of Notary Public: _____

Signature of Notary Public: _____



**CONFIDENTIAL RELEASE OF SOCIAL SECURITY NUMBER
AND STATEMENT OF PURPOSE**

Pursuant to Section 119.071 (5), Florida Statutes, social security numbers collected by the Village of Wellington are confidential and exempt. The requirement to request the social security number must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record. The requirement for your social security is mandatory.

Name: _____

Social Security No. _____

Section 119.071 (5), Florida Statutes, give authority for the Village of Wellington to collect social security numbers if it is stated in writing the purpose for its collection and is specifically authorized by law to do so or it is imperative for the performance of the Village's duties and responsibilities as prescribed by law. There are many individuals with the same name; therefore, without this identifying social security number, it would be difficult, if not impossible, to be reasonably certain that the correct individual(s) are identified and to verify they meet the requirements of the statutes. The Village of Wellington requires the release of your social security number for one or more of the following purposes or reasons:

- To perform background investigation checks for employment; or
- To serve on Village Council, boards or commission; or
- **Issuance of business tax receipt(s)**; or
- To conduct 1099 reporting of income for poll workers, vendors or consultants; or
- To enroll in specific training courses and classes that require SSN; or
- To produce patient insurance billing and/or for patient tracking; or
- To provide F.S. required information for Sheriff/Fire/EMS purposes; or
- To process scholarship award(s) funding for students college tuition; or
- For reporting necessary to administer workers' compensation claims, unemployment compensation claims, and health/dental claims; or
- For reporting income paid pursuant to the Internal Revenue Code; or
- Pension administration; or
- For debt collection purposes.

*****CONFIDENTIAL*****



Application Requirement Guide for Local Business Tax Receipt

APPLICATION REQUIREMENT GUIDE (CHECKLIST)

****Please complete application on reverse side.****

- COMPLETE APPLICATION** (first box on reverse side)
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION** (if applicable): www.sunbiz.org
- OBTAIN ZONING APPROVAL** (one of the following):
 - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval). ****OR****
 - Unincorporated - Palm Beach County Zoning Approval (If business is located in unincorporated Palm Beach County) submit this application to Palm Beach County Planning, Zoning & Building for approval [2300 N. Jog Rd. West Palm Beach-Vista Center 561-233-5200].
- COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE** (if applicable):
 - Dept. of Business and Professional Regulation (850-487-1395)
 - Child Care Facilities must be registered by Palm Beach County Dept. of Health (561-840-4500)
 - State of Florida Dept. of Health (850-488-0595)
 - Certified Contractors must be licensed by Palm Beach County Construction Industry Licensing Board (561-233-5525) or Department of Business and Professional Regulation (850-487-1395)
 - 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 must provide permit, registration or exemption.
 - Restaurateurs and mobile food unit operators must provide a copy of approved inspection report from the Division of Hotel & Restaurants (850-487-1395) or obtain an authorizing signature on the application (reverse side).
 - Banks, mortgage brokers, finance companies, and stockbrokers must be registered with the State of Florida Office of Financial Regulation (850-410-9805).

NOTE: Price quotes are only valid if received and posted in the Tax Collector's computer system within the same month of quote.

Palm Beach County Local Business Tax Receipt is in addition to, not in lieu of, any license required by law or municipal ordinance (County Ordinance 72-7).

Further information can be obtained by calling (561) 355-2272 or visiting our website: www.taxcollectorpbc.com

Mail completed application to:
 Palm Beach County Tax Collector
 Attn: Business Tax Department
 P.O. Box 3353
 West Palm Beach, FL 33402-3353

****OR****

Visit one of our locations with the completed application: (Monday – Friday 8:15 am to 5:00 pm)

Belle Glade Service Center
 PBC Glades Office Building
 2976 State Road 15
 Belle Glade, FL

Lake Worth Service Center
 3551 South Military Trail
 Lake Worth, FL

Royal Palm Beach Service Center
 200 Civic Center Way
 Royal Palm Beach, FL

Delray Beach/South County Service Center
 501 South Congress Ave
 Delray Beach, FL

Palm Beach Gardens/NE County Courthouse Service Center
 3188 PGA Blvd
 Palm Beach Gardens, FL

West Palm Beach/Downtown Service Center
 301 North Olive Avenue
 West Palm Beach, FL





Application For Palm Beach County Local Business Tax Receipt

BUSINESS INFORMATION (To be completed by applicant):

****Instructions & checklist on reverse side****

Check Applicable Box: New Business Transfer of Address Transfer of Ownership Business Name Change
 New Business Tax Receipt Other _____

Current Business Tax Receipt # (if applicable): _____

Business/DBA/Trade Name: _____
(Division of Corporations requires registration of a fictitious name. Copy of registration must accompany this application)

Corporation / Business Name: _____

Owners Name: _____

Federal Employer ID #: _____ ****OR**** Social Security #: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Date in business at this location: _____ Business Phone Number: _____

Mailing Address (if different above): _____ City: _____ State: _____ ZIP: _____

E-Mail address: _____

Nature of Business: _____ ****OR**** Profession: _____
(Landscape, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Maximum Number of: Employees: _____ Machines _____ Rooms: _____ Restaurant seating: _____

Were you issued a Notice of Non-Compliance? Yes _____ No _____

I certify, under penalty of law, that the above information is true and correct, and I understand that any false statements could result in penalties as provided by law.

Signature: _____ Title: _____
(Agent, Owner, Rep.)

PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL ****See reverse side for details on zoning****

Municipal/City Zoning Approval: _____ Title: _____

****OR**** Unincorporated Zoning Approval/
 Planning Zoning & Building Approval: _____ Title: _____

PZ&B - Place initials in box if approval from department is required*** Regulator Signature required on line, when approval has been meet ***

<input type="checkbox"/> Zoning (U No.) _____	<input type="checkbox"/> Fire Marshall _____
<input type="checkbox"/> Compliance _____	<input type="checkbox"/> Health Department _____
<input type="checkbox"/> Building _____	<input type="checkbox"/> Hotel & Restaurant _____
<input type="checkbox"/> NAICS Code _____	<input type="checkbox"/> Prior Use of Bay/Bldg. _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Cnty Home Based Affidavit _____

FOR TCO OFFICE USE ONLY (Signature and title designates approval)

LBTR#/Account #: _____	Branch Office: _____	CURRENT YR <input type="checkbox"/>
Till number: _____	State/County License Cert #: _____	1 YR <input type="checkbox"/>
NAICS Code: _____	Receipt #: _____	2 YR <input type="checkbox"/>
Cust. Relations Guide/ CRA: _____		3 YR <input type="checkbox"/>
Date: _____	Field Service Approval: _____	4 YR <input type="checkbox"/>
TOTAL FEE DUE : \$ _____		5 YR <input type="checkbox"/>



HOME OCCUPATIONS: A home occupation shall be subject to the following supplementary use standards pursuant to Section 6.4.4.60 of the Land Development Regulations (LDR):

- a. **Incidental in nature:** The home occupation shall be clearly incidental and secondary to the residential use of the building and shall be confined to no more than ten (10) percent of the total floor area of the dwelling.
- b. **Location:** A home occupation, with the exception of outside instructional services, shall be conducted within the principal dwelling or off-site, and shall not be conducted within any accessory building or structure or within any open porch or carport that is attached to and part of the principal structure. Instructional services, which by their nature, must be conducted outside of the principal structure, such as swimming lessons, shall be located in a rear or side yard.
- c. **No change to character of dwelling:** The home occupation shall not change the essential residential character of the dwelling in terms of exterior appearance and interior space.
- d. **Employees:** A home occupation use shall be conducted by a member of the immediate family residing in the dwelling unit. A maximum of one (1) person who is not a member of the immediate family may assist in the operation of the home occupation. In addition, only one (1) person outside of the home may be employed by the service provided by the home occupation.
- e. **Local Business Tax Receipt:** A home occupation shall be operated pursuant to a valid local business tax receipt for the use held by the resident of the dwelling.
- f. **No Advertising:** No external evidence or sign shall advertise, display, or otherwise indicate the presence of the home occupation, nor shall the street address of the home occupation be advertised through signs, billboards, television, radio or newspapers. Advertising on vehicles shall be limited to the minimum necessary to meet code requirements as mandated by PBC Contractors Certification Division Chapter 67-1876, or Florida State Statutes Section 489.
- g. **No on-premise sales:** A home occupation shall not involve the sale of any stock in trade, supplies, products or services on the premises, except for home instructional services.
- h. **Instructional Services:** Instructional services may be approved as home occupations, provided the services meet the following additional regulations:
 1. **Resident.** The instruction must be conducted by a resident of the dwelling where lessons are provided. Only one instructor shall be permitted to provide instruction. The local business tax receipt shall be issued to the instructor.
 2. **Insurance.** Proof of liability insurance in the amount of at least \$300,000 covering the instructional service shall be submitted in order to obtain the home occupation.
 3. **Cars.** No more than two (2) cars associated with the lessons shall be permitted to be parked at the instructor's home at any time.
 4. **Location Inside.** Home instruction, inside.
 - (a) **Number of students.** A maximum of three (3) students at a time shall be permitted to receive instruction during a lesson.
 - (b) **Hours of Operation.** Instruction shall occur only between the hours of 9:00 a.m. and 8:00 p.m.
 5. **Location, Outside.** Home instruction outside.
 - (a) **Lots less than 1.25 acres.** On lots of less than one and one quarter (1.25) acres only one student at a time shall be permitted to receive instruction during a lesson.
 - (b) **Larger lots.** On lots that are one and one quarter (1.25) acres or larger, up to three students at a time shall be permitted to receive instruction during a lesson.
 - (c) **Hours of operation.** Outside instruction shall occur only between the hours of 9:00 a.m. and 8:00 p.m.

(d) **Screening.** On lots of two and one-half (2.5) acres or less, the instruction area shall be screened from view from adjoining property lines with fencing or vegetation.

- i. **No outside storage:** No equipment or materials used in the home occupation shall be stored or displayed outside of the dwelling, including driveways.
- j. **Nuisances prohibited:** No home occupation shall involve the use of any mechanical, electrical or other equipment, materials or items which produce noise, electrical or magnetic interference, vibration, heat, glare, smoke, dust, odor or other nuisance outside the residential building. There shall be no storage of hazardous or noxious materials on the site of the home occupation. There shall be no noise of an objectionable nature from the home occupation audible at adjoining property lines.
- k. **Violations or hazard:** If any of the above requirements are violated, or if the use; or any part thereof, is determined by the Zoning Director to create a health or safety hazard, then the local business tax receipt may be revoked.
- l. **Number:** Only one (1) home occupation shall be permitted on any lot.

AFFIDAVIT OF COMPLIANCE

I have read the above regulations for home occupations. I am aware of my responsibilities and liabilities for the use and occupation on the property. I do hereby covenant and agree to abide by each of the aforesaid stipulations. I further understand that any violation of the stipulations may result in possible code enforcement action and/or revocation of license.

Applicant Name: _____

Business Name: _____

Business Address: _____

Occupation: _____

Signature of Applicant: _____ Date: _____

NOTARY CERTIFICATE

**STATE OF FLORIDA
PALM BEACH COUNTY**

The foregoing instrument was acknowledged before me this _____ day of

_____, 2011, by _____ Whom is personally known

to me or has produced _____ as identification.
(Type of ID)

Notary Signature _____

Notary Public, State of _____



Home Based Business Narrative & Classifications

Business Name: _____

Detailed description of the Nature of the Business:

Code of Ordinances, Article III, Sec. 58-74. Local business tax receipt required for additional trades, business, etc.

Any persons engaged in two or more trades, vocations, businesses, or professions enumerated herein for which a local business tax receipt is required shall be required to pay a local business tax receipt for each separate line of trade, business, vocation, or profession.

Additional Business Classifications:

Applicant
Signature:

Applicant:
Name (Print)

Date:



Property Owners Consent Affidavit
(To be completed by the property owner for lessee authorization)

I, (Owner of Property) _____, do hereby give my permission for
(Name of Applicant) _____ to utilize my property,
located at (Property Address) _____ for
the purpose of:

- Home Occupation
- Special Use Permit
- Signs

Property Owners Signature

Property Owners Phone Number

Property Owners Address

Ownership Affidavit
(To be completed by the property owner for lessee authorization)

I, (Applicant) _____, do hereby certify that I own and live in the property
located at _____ where my home based business will
be conducted from.

Signature of Applicant _____ Date _____

Notary Certificate

**STATE OF FLORIDA
PALM BEACH COUNTY**

The foregoing instrument was acknowledged before me this _____ day of _____, 2011,
by _____ Whom is personally known to me or has produced _____
(Type of ID)
as identification.

Print Name of Notary Public: _____

Signature of Notary Public: _____