



Commercial Rental

A commercial rental business tax receipt is required for property owners of commercial buildings that are leasing their property. This packet will include instructions and requirements on how to obtain a Business Tax Receipt. For more information, please visit our website at www.rivierabch.com or call (561) 845-4019.

Commercial Rental Instructions

Step 1. A preliminary approval must be obtained from the Planning and Zoning department located 600 W Blue Heron Blvd, 2nd floor.

Step 2. Please complete the Certificate of use and/or Business Tax Receipt application and provide the following:

- Business name (which is the legal owner of the property) • Address (property located in the City of Riviera Beach)
- Mailing address (where renewals are to be mailed).
- Proof of ownership or contract between owner & agent
- If owned by a company or LLC, please include copy of the articles of incorporation

The completed application package should be submitted with a \$120.00 (nonrefundable) application fee. Please note that upon approval, there will be an additional fee due for the Certificate of Use and/ or Business Tax Receipt.

The completed application along with the necessary documents and fees may be submitted in person at:

**600 W. Blue Heron Blvd.
Riviera Beach, FL 33404**

Or by mail:

**City of Riviera Beach
P.O. Box 9757
Riviera Beach, FL 33419**



CITY OF RIVIERA BEACH

PRELIMINARY ZONING VERIFICATION SHEET

Please clearly and accurately complete the following information and submit it to the Planning and Zoning Division. This Zoning Verification is required prior to applying for a City Certificate of Use and Business Tax Receipt.

Phone (561)841-0203 Email: POC@RivieraBeach.org

Name: _____ Date: _____

Phone Number: _____ E-Mail: _____

Address for Verification: _____

Requested Use (Including the Name and Type of Business / Rental if Applicable):

******* AREA BELOW FOR CITY STAFF USE ONLY *******

PCN: _____

Zoning Designation: _____ Future Land Use Designation: _____

Preliminary Zoning Verification is: [Approved:()] or [Denied:()]

***A Complete City Staff Review is Needed for Final Approval of COU and BTR**

Planning and Zoning Staff Name, Initials, and Date:

Please submit this sheet along with your completed Certificate of Use / Business Tax Receipt Application to the Business Tax Receipt Office (561)845-4019. If applicable, also complete and submit the Home Business Certificate of Use Agreement or the Rental Unit Owner Affidavit.

THIS PROPERTY MUST PASS ALL REQUIRED INSPECTIONS PRIOR TO THE ISSUANCE OF A COU/BTR.



The City of Riviera Beach

600 W. Blue Heron Blvd.
Riviera Beach, FL 33404
Telephone: (561)845-4060

Certificate of Use

Business Tax Receipt

Certificate of Use/Business Tax Receipt Application

Warning: this application is not a Certificate of Use or Business Tax Receipt

PCN# (REQUIRED) 5 6 - - - - -

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ SUITE # _____ CITY: _____ ST: _____ ZIP: _____

BUSINESS PHONE: _____ E-MAIL ADDRESS _____

MAILING ADDRESS: _____ SUITE # _____ CITY: _____ ST: _____ ZIP: _____

DESCRIBE NATURE OF BUSINESS IN DETAIL: _____

MANAGER/APPLICANT'S NAME _____ (If a corporation attach a list of all officers)

OWNER _____ TITLE _____

DATE OF BIRTH _____ DRIVER'S LICENSE# _____ ST: _____

PLEASE INCLUDE ANY APPLICABLE INFORMATION BELOW

STATE LICENSE OR FLORIDA BAR CARD # _____

SQ. FT. _____ INVENTORY AMOUNT \$ _____ # OF EMPLOYEES _____ # OF SEATS _____

OF MACHINES _____ # OF VEHICLES _____ # OF AMUSEMENT DEVICES/POOL TABLES _____

ARE YOU APPLYING FOR A MOBILE VENDOR LICENSE? YES OR NO (PLEASE CIRCLE ONE)

HAVE YOU BEEN ISSUED A NOTICE OF VIOLATIONS? YES OR NO (PLEASE CIRCLE ONE)

IS THIS A RENTAL PROPERTY? YES OR NO (PLEASE CIRCLE ONE) IF YES, PLEASE COMPLETE AFFIDAVIT FOR RENTAL UNIT

HAS THIS BUSINESS BEEN TAXED WITHIN THE CITY BEFORE? YES OR NO (PLEASE CIRCLE ONE)

WHERE? _____ WHEN? _____

IS THE PROPOSED BUSINESS LOCATION VACANT? YES OR NO (PLEASE CIRCLE ONE) IF YES, HOW LONG HAS THE LOCATION BEEN VACANT _____ IF NO, WHAT IS THE CURRENT USE? _____

IS BUSINESS A HOME OCCUPATION? YES OR NO (PLEASE CIRCLE ONE) IF YES, PLEASE COMPLETE HOME OCCUPATION AFFIDAVIT

1. THE PLACE OF BUSINESS MUST BE OPEN TO ALL INSPECTORS.
2. IT IS THE APPLICANT'S RESPONSIBILITY TO FOLLOW UP ON THIS PROCESS.
3. DO NOT OPERATE A BUSINESS WITHOUT A CERTIFICATE OF USE AND BUSINESS TAX RECEIPT.

****IMPORTANT INFORMATION****

YOUR FIRST STEP IN OBTAINING A CERTIFICATE OF USE IS TO RECEIVE **ZONING VERIFICATION** TO DETERMINE THAT THE LOCATION IS PROPERLY ZONED FOR THE PROPOSED BUSINESS ACTIVITY. AFTER RECEIVING ZONING VERIFICATION YOU MUST OBTAIN CODE ENFORCEMENT AND FIRE INSPECTIONS AND APPROVAL FROM THE POLICE DEPARTMENT.

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 § 831.01 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 business in accordance with all the laws of the State of Florida and the laws and ordinances of the City of Riviera Beach. Furthermore, I understand that the issuance of this Certificate of Use is conditioned upon the compliance with all ordinances and the results of any investigations of the above described business.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

- SIGNATURES MUST BE ORIGINAL
- APPLICATION MAY NOT BE FAXED



Rental Unit Owner Affidavit

City of Riviera Beach

600 West Blue Heron Boulevard Riviera Beach, FL 33404

Phone (561) 845-4019

STATE OF _____)

COUNTY OF _____)

BEFORE ME, the below-named authority, personally appeared

_____, who first being duly sworn says:

Property Address: _____

Development Name (if applicable): _____

RENTAL UNIT TYPE: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____	Total number of units: _____ Number of occupants per unit: _____ Maximum number of occupants allowed: _____ Number of parking spaces per unit: _____	Alarm System: <input type="checkbox"/> Yes / <input type="checkbox"/> No If Yes, Alarm Permit Number: _____
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Property Owner's Name: _____

Property Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

E-mail: _____ Fax: _____

I, the undersigned, swear that this affidavit including any attachments hereto is true and correct. I understand that the issuance of a Certificate of Use and/or a Business Tax Receipt does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other requirements of the City, County, State or Federal authority that must be met prior to engaging in or entering into that activity for which this affidavit is being made. Any misstatement of fact, whether intentional or not, will result in the immediate denial or suspension of the Certificate of Use for Rental Units.

Property Owner's or Agent's Signature

Print Name and Title

The foregoing Rental Unit Owner Affidavit was acknowledged before me this _____ day of _____, 20____, by _____, who is/are personally known to me or who produced _____ as identification, and who took an oath.

Notary Public

Print Name: _____

My commission expires: _____