



# Mobile Vending

A mobile vending business tax receipt is required for every person(s) or business that operates a portable vehicle, including trucks, carts, trailers, roadside kiosks, and stands. It also includes mobile detailers. This packet will provide instructions and requirements on how to obtain a business tax receipt. For more information, please visit our website at [www.rivierabch.com](http://www.rivierabch.com) or call (561) 845-4019.

## Mobile Vending Instructions

Step 1. A preliminary approval must be obtained from the Planning and Zoning department located on the 2<sup>nd</sup> floor, room C214.

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

- Copy of fictitious name or articles of incorporation
- Map showing location of mobile unit
- Notarized letter granting permission from the property owner/ lease
- For additional information about licensing, see special requirements attached.

The completed application package should be submitted with a \$20.00 (nonrefundable) application fee. Please note, 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  
PO Box 9757  
Riviera Beach, FL 33419**

## Special Requirements for Certain Businesses



- 1) If your profession or business is certified by the Department of Business and Professional Regulation please contact (850-487-1395) or Department of Health at (850-488-0595). You must attach a copy of your certification, registration, or license to the application.
- 2) Banks, mortgage brokers, finance companies, and stockbrokers, money transmitters, and pay day lenders must be registered with the Office of Financial Regulation (850-410-9805). Please include a copy of the license with the application. License must have same address as the business.
- 3) Restauranters and mobile food unit operators must contact the DBPR Division of Hotel & Restaurants (850-487-1395).
- 4) Child care must have the approval of the Palm Beach County Health Department or you may contact them at (561-355-3018). Please include a copy of the license with the application.
- 5) Food outlets, motor vehicle repair shops, sellers of travel, charitable organizations, telemarketers, and health studios must submit a copy of their registration or exemption from the State of Florida Department of Agriculture & Consumer Services (800-435-7352).
- 6) Certified contractors must attach a copy of the State of Florida and/or Palm Beach County certification. Please contact 561-233-5525 for certification information. Also include a copy of license from the Department of Business and Professional Regulation.
- 7) Alcoholic beverages & tobacco, auctioneers, barbers, cosmetology, martial arts, CPA, condominiums, cooperatives, timeshares, home owners associations must submit a copy of their license from the Department of Business and Professional Regulations (850-487-1395)

<https://www.myfloridalicense.com/w111.asp?mode=1&SID=&brd=&typ=>

<http://www.freshfromflorida.com/Forms-Publications/Forms>

<http://www.flofr.com/StaticPages/ApplyForALicense.htm>



# 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)845-4060 Fax (561)845-4038 Email: JGagnon@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) \_\_\_\_\_

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