



## Residential Rental

A residential rental business tax receipt is required for property owners of single family residence that are leasing their property. This packet will include instructions and requirements on how to obtain a Business Tax Receipt for rental properties. For more information, please visit our website at [www.rivierabch.com](http://www.rivierabch.com) or call our Business Tax Dept. (561) 845-4019.

### Residential Rental 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 provide the following:

- Business name (which is the legal owner of the property name)
- Business 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 \$20.00 (non-refundable) 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 mail to:

**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)845-4060 Fax (561)845-4038 Email: [POC@RivieraBeach.org](mailto: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) \_\_\_\_\_

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 - Fax (561) 845-3455

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

BEFORE ME, the below-named authority, personally appeared

\_\_\_\_\_, who first being duly sworn says:

Property Address: \_\_\_\_\_

Development Name (if applicable): \_\_\_\_\_

<b>RENTAL UNIT TYPE:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment Building <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____	Total number of units: _____	Alarm System: <input type="checkbox"/> Yes / <input type="checkbox"/> No
	Number of occupants per unit: _____	If Yes, Alarm Permit Number: _____
	Maximum number of occupants allowed: _____	Is this a "Public Lodging Establishment": <input type="checkbox"/> Yes / <input type="checkbox"/> No
	Number of parking spaces per unit: _____	

"Public Lodging Establishment" means a hotel, motel, nontransient apartment, transient apartment, roominghouse, bed and breakfast inn, or vacation rental as defined in section 509.013 and 509.242, Florida Statutes.

**Public Lodging Establishments shall possess a Resort Dwelling license issued by the Florida Department of Business and Professional Regulation, Division of Hotels and Restaurants, prior to being issued a certificate of use and/or a business tax receipt. Please provide a copy with this affidavit.**

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: \_\_\_\_\_