



Village of Palm Springs

226 Cypress Lane
Palm Springs, FL 33461
Phone (561) 965-4016 Fax (561) 439-4132
www.vpsfl.org

APPLICATION FOR BUSINESS REGISTRATION & TAX RECEIPT

VILLAGE ACCOUNT ID NO _____ **FEE** _____ **DATE** _____

Office Use Only Above Line

Application is for: ___ New Business ___ Additional Classification
___ Transfer Name ___ Transfer Address ___ Transfer Owner

1. NAME OF BUSINESS or INDIVIDUAL (Parent Company and DBA or Trade Name as applicable): _____

2. LOCATION OF BUSINESS: _____
3. MAILING ADDRESS: _____
4. SHOPPING CTR/DEVELOPMENT NAME: _____
5. PHONE NO: _____ ALTERNATE NO: _____
6. FAX NO: _____ EMAIL ADDRESS: _____
7. NAME OF PROPERTY OWNER AND CONTACT INFO (if different): _____

8. IS THIS A CHARITABLE ORGANIZATION? _____
9. FEDERAL EMPLOYER ID NO: _____
10. DESCRIPTION OF BUSINESS: _____

11. Does the Proposed Business Constitute a Change of Use or Occupancy Classification? _____
12. Is there an Existing Automatic Fire Sprinkler or Fire Alarm System? _____
13. Will You Be Storing/Handling Hazardous Materials? _____
14. Will Business Require Remodeling/Renovation of Location? _____
15. Will Business Sell Alcoholic Beverages? _____
16. Hours of Operation/Days Open: _____
17. Were you issued a Notice of Violation or are you subject of any other Code Enforcement Action? _____
18. Does your Business have Shopping Carts on the premises? _____
(If yes, you will have to provide us with a Loss Prevention and Retrieval Plan)

To calculate a fee for your business, please fill in the appropriate quantity as follows:

Building Square Footage_____ Outdoor Sales/Storage Area_____

Number of Dwelling Units_____

Number of Employees (Peak Shift)_____

Seating Capacity_____ Number of Restaurant/Bar Seats Provided_____

Number of Business & Accommodation Rooms_____

Units Served (for Private Utilities only)_____

Number of Coin Operated Machines_____

Number of Off-Street Parking Spaces Assigned to this Business_____

Number of Business Vehicles (to be parked at the location)_____

SIGNATURE OF APPLICANT

PRINTED NAME

STATE OF FLORIDA
COUNTY OF PALM BEACH

The following instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to be, or who has produced _____ as identification and who did/did not take an oath.

NOTARY PUBLIC

MY COMMISSION EXPIRES

TO OBTAIN A BUSINESS TAX RECEIPT YOU WILL NEED TO PROVIDE A COPY OF ALL OF THE FOLLOWING DOCUMENTS (applicable to the business).

CHECK MARK ALL ITEMS SUBMITTED OR N/A:

1. _____ Palm Beach County Business Tax Receipt Application
2. _____ State Certification or Registration or Licenses (as applicable)
3. _____ Certificate of Liability & Workman's Comp Insurance (if contractor)
4. _____ Copy of Driver's License
5. _____ Printout of Sunbiz On-Line Records or Copies of Business Entity's Filing Documents
6. _____ Printout of Sunbiz On-Line Records or Copy of Fictitious Name Registration (if using a fictitious name, sole proprietorship, DBA etc.)
7. _____ Materials Safety Data Sheets (MSDS) for all hazardous materials to be used (if they will be stored at the business location)
8. _____ Evidence of Ownership or Interest in Property (deed, bill of sale, lease, letter of sharing etc.)
9. _____ Florida Alcoholic Beverage License (if selling alcohol)
10. _____ Survey or Site Plan Depicting Outside Sales/Storage Area, Parking for Business Vehicles or Assigned Parking Spaces
11. _____ Evidence for Exemption (religious/fraternal/civic organization as entitled by law or less than \$1000 of capital in business; ex. business valued less than \$1000, rent less than \$1000; inventory/equipment valued less than \$1000 etc. all upon approval by Planner)
12. _____ Life Safety Plan (if change of use or any interior remodeling) *example attached
13. _____ Palm Beach County Fire Rescue Inspection Worksheet

VILLAGE USE:

Zoning: _____ Prior Use of Bldg/Bay/Tenant Space: _____

Permitted Use or Council Special Exception Approval: _____

Supplemental Regulations or Conditions of Approval: _____

Adequate Parking? _____ Property to Code? _____

Approved Denied

Signature of Approval: _____

Printed Name: _____

Date: _____

THIS APPLICATION MUST BE COMPLETED IN FULL AND RETURNED TO:

The Village of Palm Springs
LAND DEVELOPMENT DEPARTMENT
226 CYPRESS LANE
PALM SPRINGS, FLORIDA 33461



ALL LICENSES EXPIRE ANNUALLY SEPTEMBER 30TH. PENALTY FOR NON-RENEWAL IS 10% FOR OCTOBER; ADDITIONAL 5% PER MONTH – MAXIMUM 25%.

If the license is issued after April 1st, the fee is prorated one-half the annual fee.

NO REFUNDS will be issued for businesses closed during the full fiscal year or for licenses paid in error.

NOTE TO APPLICANT:

This application must be completed in full and submitted with the required documentation and returned to our office. If you fail to accomplish the above, your application will not be accepted.

Prior to issuance, all BTR applications are required to be reviewed and approved by the Village for compliance with zoning regulations (561-965-4016, Planner) and to assure the business is located in an appropriate location for the type of business proposed. If the business type is not as identified 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 Land Development.

Compliance Inspection Required.

The Palm Beach County Fire Marshall will be provided a copy of your business tax application. Please contact PBC Fire Rescue (561-233-0050) to determine if your business needs to provide additional safety features.

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$7500). PLEASE ADDRESS ALL ITEMS.

¹⁰ Fee Simple Titleholder's Name (If other than owner): _____

¹¹ Bonding Company: _____

Fee Simple Titleholder's Address (If other than owner): _____

Bonding Company Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Same as Owner

Not Applicable

¹² Architect/Engineer's Name: _____

¹³ Mortgage Lender's Name: _____

Architect/Engineer's Name Address: _____

Mortgage Lender's Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Not Applicable

Not Applicable

WARNING TO OWNER:

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$7500), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

OFFICE USE ONLY BELOW THIS LINE

¹⁴ CODE EDITION/NOTES: _____

¹⁵ USE (CHECK ONE):

- 1 & 2 FAMILY TOWNHOUSE CONDOMINIUM
 MULTI-FAMILY COMMERCIAL INDUSTRIAL
 AGRICULTURAL - BLDG CODE EXEMPT OTHER: _____

USE CHANGE: _____

¹⁶ APPROVED BY: _____ DATE: _____
 Permit Officer

AUTHORIZED FOR CERTIFICATE OF OCCUPANCY: _____ DATE: _____
 Building Official or Designee

AUTHORIZED FOR CERTIFICATE OF COMPLETION: _____ DATE: _____
 Building Official or Designee

104.2.7 - 104.3.1.7

104.2.7 Notice of termite protection. A permanent sign which identifies the termite treatment provider and need for re-inspection and treatment contract renewal shall be provided. The sign shall be posted near the water heater or electric panel.

104.3 Examination of documents

104.3.1 Plan review. The building official shall examine or cause to be examined each application for a permit and the accompanying documents, consisting of drawings, specifications, computations and additional data, and shall ascertain by such examinations whether the construction indicated and described is in accordance with the requirements of the technical codes and all other pertinent laws or ordinances.

Exceptions:

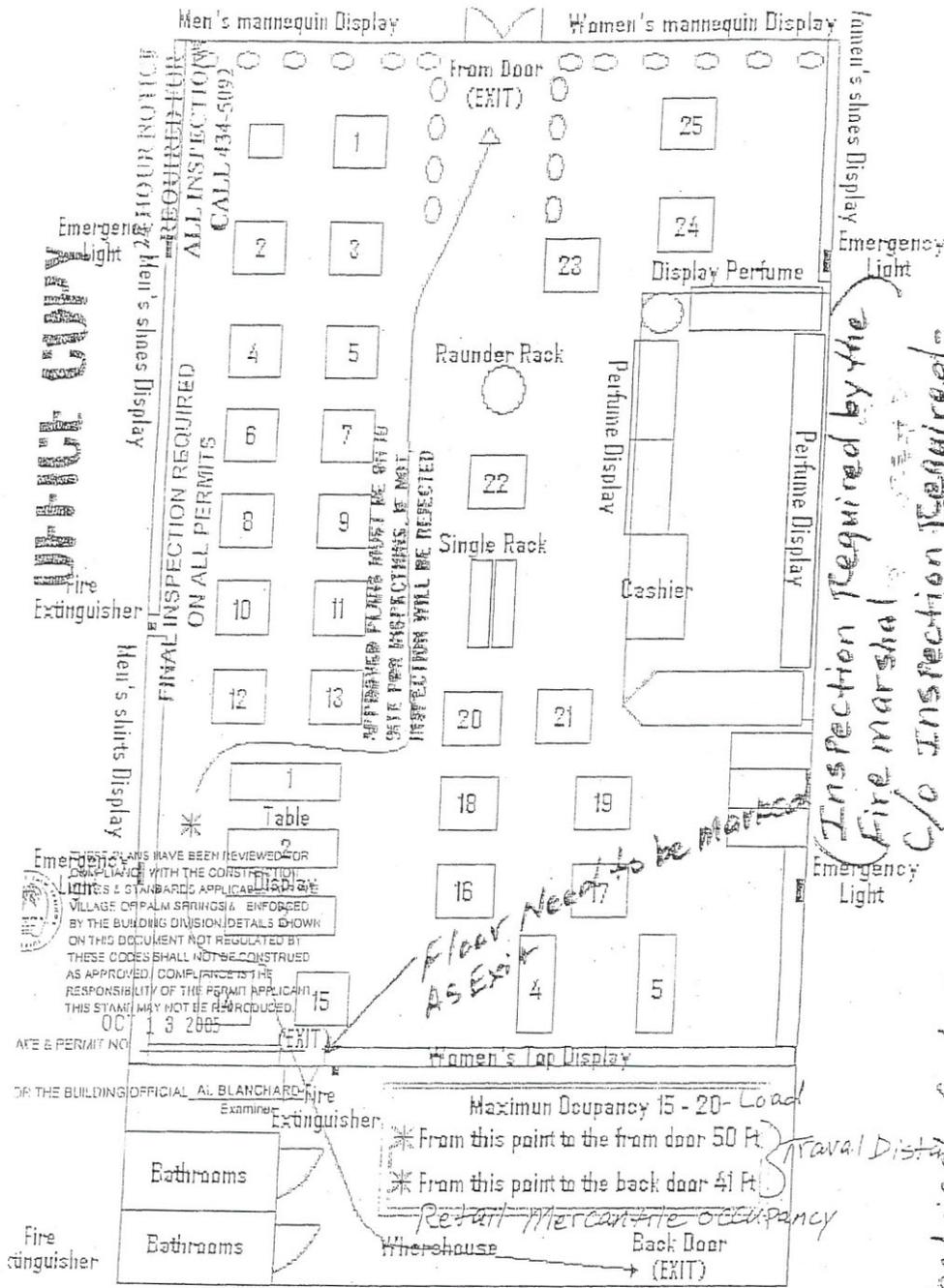
1. Building plans approved pursuant to s. 553.77(6) Florida Statutes and state-approved manufactured buildings are exempt from local codes enforcing agency plan reviews except for provisions of the code relating to erection, assembly or construction at the site. Erection, assembly and construction at the site are subject to local permitting and inspections.
2. Industrial construction on sites where design, construction and fire safety are supervised by appropriate design and inspection professionals and which contain adequate in-house fire departments and rescue squads is exempt, subject to local government option, from review of plans and inspections, providing owners certify that applicable codes and standards have been met and supply appropriate approved drawings to local building and fire-safety inspectors.

104.3.1.1 Minimum plan review criteria for buildings. The examination of the documents by the building official shall include the following minimum criteria and documents: a floor plan, site plan, foundation plan, floor/roof framing plan or truss layout and all exterior elevations:

Commercial Buildings:
Building

1. Site Requirements
 - parking
 - fire access
 - vehicle loading
 - driving/turning radius
 - fire hydrant/water supply/Post Indicator Valve (PIV)
 - set back/separation (assumed property lines)
 - location of specific tanks, water lines and sewer lines

2. Occupancy group and special occupancy requirements shall be determined.
3. Minimum type of construction shall be determined (Table 500)
4. Fire resistant construction requirements shall include the following components:
 - fire resistant separations
 - fire resistant protection for type of construction
 - protection of openings and penetrations of rated walls
 - fire blocking and draftstopping
 - calculated fire resistance
5. Fire suppression systems shall include:
 - early warning
 - smoke evacuation systems schematic
 - fire sprinklers
 - standpipes
 - pre-engineered systems
 - riser diagram
6. Life Safety systems shall be determined and shall include the following requirements:
 - occupant load and egress capacities
 - early warning
 - smoke control
 - stair pressurization
 - systems schematic
7. Occupancy Load/Egress Requirements shall include:
 - occupancy load
 - gross
 - net
 - means of egress
 - exit access
 - exit
 - exit discharge
 - stairs construction/geometry and protection doors
 - emergency lighting and exit signs
 - specific occupancy requirements
 - construction requirements
 - horizontal exits/exit passageways
8. Structural requirements shall include:
 - soil conditions/analysis
 - termite protection
 - design loads
 - wind requirements
 - building envelope
 - structural calculations (if required)
 - foundation
 - wall systems
 - floor systems
 - roof systems
 - threshold inspection plan
 - stair systems



Inspection Required by the Fire marshal
C/O Inspection Required
Sub-Permit Required by separate Permit w/ Section