



## **INSTRUCTIONS FOR**

### **OPENING A BUSINESS IN THE TOWN OF LAKE PARK**

**APPLICATION AND PROCESS MUST BE COMPLETED WITHIN 30 DAYS OF SUBMITTAL OR APPLICATION WILL BE NULL & VOID AND RESUBMITTAL WILL BE REQUIRED. ALL FEES ARE NON-REFUNDABLE.**

All businesses located in the Town of Lake Park must obtain a Town Business Tax Receipt (BTR)

Obtaining a BTR in the Town of Lake Park is a **TWO-STEP** Process, and includes:

- 1. Zoning Certificate Approval**
- 2. Business Tax Receipt**

There is separate Application for each of the steps.

The 2-step process is required for all new businesses, location transfers within the Town for existing businesses, and changes in ownership or name of an existing business.

#### **Zoning Certificate Application Packet**

### **STEP #1: ZONING CERTIFICATE APPLICATION**

The packet may be downloaded from the Town's website:

[www.lakeparkflorida.gov/cdd/other](http://www.lakeparkflorida.gov/cdd/other)) by selecting **BUSINESS TAX RECEIPT ZONING CERTIFICATE**

#### **PLEASE READ CAREFULLY**

1. Fill out the Town's Zoning Certificate Application and the top half of the Palm Beach County BTR Application which is included in this packet.
  - **All** required information must be provided by the Applicant; do not leave any required lines blank or it will not be accepted (if a field is not applicable, insert N/A). Email addresses and phone numbers are required. All information must be legible.
  - Make sure the business name, description, number of employees and all other information match on both the Town and the County Applications.
  - Submit Zoning Application form and fees to the Community Development Department. Fees: \$175 (includes \$125 application fee + \$50 inspection fee)



2. Following submittal of a completed Application, the Community Development Department will review your proposed business use and location to determine if it is allowed in the zoning district, and whether the location has adequate parking for the type of business, based on the Town Code. If all is code-compliant, the Community Development Department will provide you with Preliminary Zoning approval and will sign off on the County BTR form and provide this to you as well (if it is not code-compliant you will receive comments). This step will take 1-3 business days. In addition and when initial zoning is approved, the Community Development Department will also submit a copy of the Application to the Town's Public Works Department who will make contact with the Applicant regarding sanitation services (and provide a completed Owner/Tenant Agreement to the Community Development Department when ready), or advise the Community Development Department that sanitation services are not needed.

**PLEASE NOTE THIS STEP REPRESENTS INITIAL ZONING APPROVAL ONLY. ALL OF THE NEXT STEPS ARE REQUIRED IN ORDER TO FINALIZE THE PROCESS AND FORMALLY APPROVE YOUR BUSINESS.**

**Your Next Steps:**

3. The approved Palm Beach County BTR form will need to be submitted to a Palm Beach County Courthouse to obtain the County BTR. (Locations provided herein)

4. When your business is set up contact Palm Beach County Fire-Rescue (PBCFR) at 561-531-3521 to schedule a fire inspection. Upon approval, the Fire Inspector will provide you with an Inspection report. Fire will bill you a fee (currently \$75 separately by PBCFR their fee is subject to change at any time).

5. AFTER the Fire inspection, please email pictures of the business (as it is set up) to the Community Development Department at [permit@lakeparkflorida.gov](mailto:permit@lakeparkflorida.gov) for the zoning inspection review.

6. Make sure you have **all** of the following documents gathered as they are required for Step 2:

- Completed Local Business Tax Receipt Application form
- Sunbiz verification of a Florida Incorporation or Fictitious Name (DBA)
- Copy of Palm Beach County issued Business Tax Receipt
- State Professional or Business License, if applicable
- Fire Inspection Report
- State Food Inspection Report for food establishments

**You are now ready for Step #2**



## STEP 2: BUSINESS TAX RECEIPT APPLICATION

**A BUSINESS TAX RECEIPT MUST BE OBTAINED WITHIN 30 DAYS OF OPENING A BUSINESS.**

**PLEASE READ CAREFULLY**

- Complete the Town of Lake Park Business Tax Receipt (BTR) Application. This may be downloaded from the Town's website: [www.lakeparkflorida.gov/cdd/other](http://www.lakeparkflorida.gov/cdd/other) then click the title BUSINESS TAX RECEIPT APPLICATION. Any business that sells merchandise (even as a secondary use) must provide a value for the merchandise in the Inventory Affidavit. This must be notarized.
  - Submit to the Community Development Department all of the following documents.
    - Completed Local Business Tax Receipt Application form
    - Sunbiz verification of a Florida Incorporation or Fictitious Name (DBA)
    - Copy of County issued Business Tax Receipt
    - State Professional or Business License, if applicable
    - Fire Inspection Report
    - State Food Inspection Report for food establishments.
- The Community Development Department will then review and notify you of the amount due for your annual BTR Fee, based on your business classification, and provide you with a payment code. This fee must be paid to complete the process. Payment may be via in-person (Town Hall Finance Department-535 Park Avenue, Lake Park, FL 33403), **or** online (<https://client.pointandpay.net/web/lakeparkbpandbtrfl>) **or** over the phone (1-855-745-8440 or for questions, 561-881-3350).
- In approximately 2-3 weeks (after final payment is received) you will receive your Business Tax Receipt in the mail at the mailing address provided on your application. It should be displayed in your business at all times.

**Town of Lake Park Community Development Department**

**535 Park Avenue, Lake Park, FL 33403**

**Tel. 561-881-3318 Ext. 317 or 322**

**Email: [permit@lakeparkflorida.gov](mailto:permit@lakeparkflorida.gov)**

TOWN OF LAKE PARK  
535 Park Avenue  
Lake Park, Florida 33403  
Phone (561) 881-3318  
Fax (561) 881-3323

# Zoning Certificate



FOR COMMERCIAL LOCATIONS ONLY

A **NON-REFUNDABLE ADMINISTRATIVE FEE OF \$125.00 AND ZONING INSPECTION FEE OF \$50 IS DUE AT TIME OF SUBMITTAL (TOTAL = \$175).** APPLICATION PROCESS MUST BE COMPLETED WITHIN 30 DAYS OF BUSINESS OPENING. BUSINESSES OPERATING IN VIOLATION OF THE TOWN CODE OF ORDINANCES WILL BE SUBJECT TO ENFORCEMENT ACTIONS. **ALL FIELDS ARE REQUIRED – INSERT N/A IF NOT APPLICABLE**

- **FOOD ESTABLISHMENTS** MUST SUBMIT THE STATE FOOD INSPECTION REPORT *PRIOR* TO OPENING
- **ALL BUSINESS ESTABLISHMENTS** MUST SUBMIT THE FIRE & ZONING INSPECTION SHEET *PRIOR* TO OPENING
- ALL APPLICABLE UTILITY APPROVALS MUST BE SECURED *PRIOR* TO OPENING

DATE: \_\_\_\_\_ BUSINESS LOCATION \_\_\_\_\_

## Business Information:

New Business     Ownership Transfer and/or Name Change     Location Transfer     Additional Business

(Select Location transfer only if business is transferring from an existing Lake Park Address)

**DATE BUSINESS OPENED:** \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (required to receive Town e-mail updates)

Name of Business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Website Address: \_\_\_\_\_

## Property Owner:

Property Owner Name: \_\_\_\_\_

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

Property Owner E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Business Details:

Type of Business Proposed: \_\_\_\_\_

Is this an Accessory Use to another business?     Yes     No    Hours of Operation: \_\_\_\_\_

Please explain proposed business operation in detail: \_\_\_\_\_

Unit Size (Sq. ft.): \_\_\_\_\_ Max. Number of Employees: \_\_\_\_\_ Number of Parking Spaces: \_\_\_\_\_

**NOTE: SECURITY MEASURE/SECURITY CAMERA SYSTEM REQUIREMENTS PURSUANT TO TOWN ORDINANCE NO. 01-2020, (ATTACHED) WILL BE ENFORCED – PLEASE COMPLETE THE FOLLOWING IN ITS ENTIRETY PRIOR TO SUBMITTING THIS APPLICATION:**

**A CONVENIENCE BUSINESS THAT OFFERS POINT-OF-SALE TERMINAL/CASH REGISTER TRANSACTIONS AT ANY POINT BETWEEN THE HOURS OF 11:00 P.M. AND 5:00 A.M.**

(EXCLUSIONS = Restaurants; Businesses with at least 10,000 square feet of retail space; Businesses that have a minimum of 5 employees on duty at ALL times between 11:00 A.M. and 5:00 A.M.; and buildings operated with 24-hour onsite security, or 24-hour camera monitoring of the building, including parking areas).

- (1) Do you offer point-of-sale terminal/cash register transactions **OR** are you a retail or commercial business that is open for business to the public at any time between the hours of 11:00 p.m. and 5:00 a.m. (which does not meet any exclusion provided above):  Yes  No (If you answer NO, you may stop here)
- (2) If you responded YES to Question #1 and based on the descriptions provided, will you be providing a security camera system per the requirements listed below (Note: it will be inspected by PBSO since this is a requirement):  
 Yes  No
- (3) If you responded NO to Question #2, please explain why: \_\_\_\_\_

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**SECURITY CAMERA SYSTEM REQUIREMENTS – YOUR SECURITY CAMERA SYSTEM MUST ADHERE TO THE FOLLOWING:**

- (a) Required security measures for Businesses with a Point-of-Sale Terminal or cash registers. The following security measures are required for all Point-of-Sale Terminals equipped businesses and Late-night businesses, except for Late-night Businesses located within Secured Buildings.
  - (1) Every business that is open to the public with a Point-of-Sale Terminal or cash registers shall maintain a video or security camera system that is capable of monitoring, recording and retrieving clear and identifiable images and videos to assist law enforcement personnel in offender identification and apprehension. Said system shall comply with all of the following standards:
    - i. Be operable at all times;
    - ii. Be readily available for viewing by employees;
    - iii. At least one camera shall be maintained on site which is capable of surveilling the interior of the business;
    - iv. At least one camera shall be maintained on site which is capable of surveilling the business' parking areas; and
    - v. Retain and produce upon the request of law enforcement any recording for a period of 72 hours from the date of recording;
  - (2) All Late-night businesses shall maintain a clear and unobstructed view from outside of the building of the cash register and sales transaction area.
  - (3) Establishments that meet the requirements of a Convenience Business as set forth in F. S. § 812.171, are hereby exempt from the requirements of this section.

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**Please provide each of the following, if applicable:**

- Fictitious Name Registration or proof of exemption
- Corporation Registration/Articles of Incorporation/LLC
- State Business or Professional License(s), if applicable

*FOR OFFICIAL USE ONLY*  
TO BE COMPLETED BY STAFF

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

ZONING APPROVALS

Initial Zoning Use:    Approved \_\_\_    N/A \_\_\_    Date \_\_\_\_\_    Init \_\_\_\_\_

Zoning District: \_\_\_\_\_ Section Citation: \_\_\_\_\_

Use: \_\_\_\_\_

Description: \_\_\_\_\_

Additional Zoning  
Conditions: \_\_\_\_\_

Public Works/Sanitation            Approved \_\_\_    N/A \_\_\_    Date \_\_\_\_\_    Init \_\_\_\_\_

INSPECTIONS \*

*\* Units must be set up and ready for inspection prior to inspections being scheduled -ALL instructions must be scheduled at least 24 hours in advance\**

Palm Beach County Fire-Rescue  
*(billed separately through PBCFR)*            Approved \_\_\_    N/A \_\_\_    Date \_\_\_\_\_    Init \_\_\_\_\_

Zoning  
*(included within Application Fee)*            Approved \_\_\_    N/A \_\_\_    Date \_\_\_\_\_    Init \_\_\_\_\_

(To include landscaping, parking, height, setbacks, as applicable)

IF additional approvals are required, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Development Zoning Certificate Approval

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*A copy of the completed Zoning Certificate Application will be e-mailed to Applicant\*

*Version: 3/19/24. All previous versions are obsolete*



# Application Requirement Guide for Local Business Tax Receipt

## APPLICATION REQUIREMENT GUIDE (CHECKLIST)

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

- COMPLETE APPLICATION (box #1 on reverse side - Each business type requires a separate BTR and separate application)**
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION (if applicable):** [www.sunbiz.org](http://www.sunbiz.org)
- OBTAIN ZONING APPROVAL from the following (box #2 on reverse side):**
  - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval).
  - 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)]).

**Unincorporated Home Based Business - No zoning approval required.**
- COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE (if applicable):**
  - Dept. of Business and Professional Regulation ..... (850) 487-1395
  - Palm Beach County Dept. of Health ..... (561) 840-4500
  - State of Florida Dept. of Health ..... (850) 488-0595
  - Palm Beach County Construction Industry Licensing Board ..... (561) 233-5525
  - State of Florida, Dept. of Agriculture and Consumer Services ..... (800) 435-7352
  - Florida Division of Hotel & Restaurants ..... (850) 487-1395
  - Florida Office of Financial Regulation ..... (850) 410-9805

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

**This receipt is in addition to and not in lieu of any license or receipt required by law or city ordinance and is subject to regulations of zoning, health and any other lawful authority Section 17-17 of Palm Beach County Ordinance No. 72-7.**

For more information, call (561) 355-2264 or visit our website at [www.pbctax.com](http://www.pbctax.com).

**Mail completed application to:** Palm Beach County Tax Collector  
 Attn: Business Tax Department  
 P.O. Box 3715  
 West Palm Beach, FL 33402-3715

**Visit [www.pbctax.com/appointments](http://www.pbctax.com/appointments) to make an appointment at one of our service centers to process your completed application.**





**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
*Serving Palm Beach County*  
**Serving you.**

Sec. 17-17 of PBC Ordinance No. 72-7.

No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.

[www.pbctax.com](http://www.pbctax.com)

PBCTC Form 65

# Application For Palm Beach County Local Business Tax Receipt

## #1: 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  
 Home Based Business  Other \_\_\_\_\_

Existing PBC LBTR # (if applicable): \_\_\_\_\_

Corporation/Business Name: \_\_\_\_\_

Fictitious/DBA/Trade Name: \_\_\_\_\_

Division of Corporations requires registration of a fictitious name. Submit copy of registration with this application.

Owner/Applicant Name: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ **\*\*OR\*\*** Social Security #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant/Business Start Date at 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.)

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

Municipal/City Zoning Approval: \_\_\_\_\_ Title: \_\_\_\_\_  
 Additional Fees May Apply

Unincorporated Zoning Approval/Planning Zoning & Building Approval: \_\_\_\_\_ Title: \_\_\_\_\_

PCN: \_\_\_\_\_ ePZB Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Control Number: \_\_\_\_\_ Resolution Number: \_\_\_\_\_

Use pursuant to the PBC ULDC Article 4 supplementary use standards: \_\_\_\_\_

PZ&B - Check box if approval from department is required\*\*\*

Regulator Signature required on line, when approval has been granted\*\*\*

<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 Base Affidavit _____

### FOR TCO OFFICE USE ONLY

LBTR#/Account #: \_\_\_\_\_ State/County License Cert #: \_\_\_\_\_

CSS / SCSS: \_\_\_\_\_ Date: \_\_\_\_\_ Field Service Approval: \_\_\_\_\_

NAICS Code \_\_\_\_\_ TOTAL FEE DUE: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_