

COMMERCIAL RENTAL INSTRUCTIONS

- 1) PRELIMINARY APPROVAL FOR APPLICATION MUST BE OBTAINED FROM THE ZONING DEPARTMENT IN RM C214 AT 600 BLUE HERON BLVD, RIVIERA BEACH, FL.
- 2) THE BUSINESS NAME IS THE NAME OF THE LEGAL OWNER OF THE PROPERTY.
- 3) THE BUSINESS ADDRESS IS THE LOCATION IN RIVIERA BEACH THAT IS TO BE THE RENTAL PROPERTY.
- 4) THE MAILING ADDRESS IS THE LOCATION TO WHICH THE RENEWALS ARE TO BE MAILED.
- 5) THE OWNER OR AGENT FOR THE PROPERTY MUST INCLUDE THEIR DATE OF BIRTH AND LICENSE OR ID NUMBER.
- 6) APPLICATION MUST BE SIGNED BY THE OWNER OR AGENT.
- 7) PROOF OF OWNERSHIP BY APPLICANT AND/OR PROOF OF AGENT UNDER CONTRACT FROM OWNER MUST BE SUBMITTED WITH THE APPLICATION.
- 8) IF OWNED BY A COMPANY OR LLC THE ARTICLES OF INCORPORATION OR A FICTITIOUS NAME REGISTRATION MUST BE SUBMITTED AT THE TIME OF APPLICATION.
- 9) RENTAL UNIT OWNER AFFIDAVIT MUST BE COMPLETED WITH THE NUMBER OF UNITS AND PARKING SPACES PER UNIT.
- 10) RENTAL UNIT OWNER AFFIDAVIT MUST BE SIGNED BY OWNER OR AUTHORIZED AGENT AND NOTARIZED.
- 11) APPLICATIONS MUST BE SUBMITTED ALONG WITH A \$120.00 NON-REFUNDABLE APPLICATION FEE.
- 12) ONCE APPROVED THERE WILL BE AN ADDITION FEE FOR ACTUAL LICENSE

FOR ZONING INFORMATION CALL 561 845-4060 OR EMAIL JGAGNON@RIVIERABCH.COM

FOR CERTIFICATE OF USE/BUSINESS TAX RECEIPT QUESTIONS CONTACT PATI AT 561 845-4019 OR EMAIL PPALAZZOLA@RIVIERABCH.COM

APPLICATION ALONG WITH DOCUMENTATION & FEES MAY BE SUBMITTED AT
600 BLUE HERON BLVD., RIVIERA BEACH, FL OR MAILED TO:
CITY OF RIVIERA BEACH
PO 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 Dept. Zoning Verification is required prior to applying for a Certificate of Use and Business Tax Receipt.

Phone (561)845-4060 Fax (561)845-4038 Email: JGagnon@RivieraBCH.com

Name: _____ Date: _____

Phone Number: _____ E-Mail: _____

Address: _____

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

***** - Please do not write below, for staff use only - *****

PCN: _____

Zoning Designation: _____ Future Land Use Designation: _____

Preliminary Zoning Verification is Approved: (☐) Denied: (☐)

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

Planning and Zoning Staff Name: _____ Initials: _____

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.



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

FOR CITY OF RIVIERA BEACH OFFICE USE ONLY

APPLICATION CHECKLIST	
	PCN NUMBER – OBTAIN ON-LINE AT THE PROPERTY APPRAISER'S WEB SITE WWW.PBCGOV.COM/PAPA OR CALL 561-355-2890
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE FIRE DEPARTMENT AT 561-845-4104
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE BUILDING DEPARTMENT AT 561-845-4020
	INSPECTION FOR SIGN OFF OF APPLICATION BY THE CODE ENFORCEMENT DEPARTMENT AT 561-882-3505
	APPROVAL OF THE CITY OF RIVIERA BEACH POLICE DEPARTMENT AT 561-845-4123
	COPY OF ARTICLE OF INC. REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE) TAKE TO POLICE DEPT.
	COPY OF FICTITIOUS NAME REGISTERED IN THE STATE OF FLORIDA (IF APPLICABLE) TAKE TO POLICE DEPT.
	COPY OF BUSINESS TAX RECEIPT FOR BUSINESS LOCATED OUTSIDE CITY LIMITS (IF APPLICABLE)
	COPY OF STATE LICENSE , FLORIDA BAR CARD (IF APPLICABLE)
	COPY OF STATE LICENSE FOR ALCOHOL (IF APPLICABLE)
	COPY OF DIVISION OF HIGHWAY & MOTOR VEHICLES STATE LICENSE (IF APPLICABLE)
	COPY OF BILL OF SALE IF CHANGE OF OWNER (IF APPLICABLE)
	COPY OF LEASE AGREEMENT (IF APPLICABLE)
	ORIGINAL NOTARIZED LETTER FROM PROPERTY OWNER IF BUSINESS LOCATION IS RENTED
	COPY OF 501(C)3 UNDER BUSINESS NAMES (IF APPLICABLE)
	PLEASE READ AND SIGN HOME OCCUPATION AGREEMENT (IF APPLICABLE)
	PLEASE READ, SIGN AND NOTARIZE RENTAL AFFIDAVIT (IF APPLICABLE)
	COPY OF MOBILE VENDOR ACCESS AGREEMENT FORM INCLUDING SURVEY/SITE PLAN (IF APPLICABLE)
	ORIGINAL PALM BEACH COUNTY APPLICATION

*****NOTE: Checklist requirements must be fully satisfied before application is accepted.**

BUSINESS ADDRESS _____

FOR CITY OF RIVIERA BEACH OFFICE USE ONLY

FEE: _____	CHANGE OF NAME: _____
PENALTIES: 10% _____ 15% _____	CHANGE OF OWNER: _____
20% _____ 25% _____	CHANGE OF LOCATION: _____
	TOTAL TAXES/FEES DUE: _____
ZONING DESIGNATION: _____ FUTURE LAND USE: _____ LANDSCAPE REQUIREMENTS SATISFIED: Y N	
PARKING SPACES PRESENT: _____ REQUIRED: _____	
ZONING:	Approved () Denied () Signature: _____ DATE: _____
CODE ENF:	Approved () Denied () Signature: _____ DATE: _____
BUILDING:	Approved () Denied () Signature: _____ DATE: _____
FIRE:	Approved () Denied () Signature: _____ DATE: _____
POLICE:	Approved () Denied () Signature: _____ DATE: _____



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): _____

RENTAL UNIT TYPE: <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: _____ 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: _____ Is this a "Public Lodging Establishment": <input type="checkbox"/> Yes / <input type="checkbox"/> No
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"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: _____