



BUSINESS LICENSE DIVISION
DEPARTMENT FOR COMMUNITY SUSTAINABILITY
CITY OF LAKE WORTH
1900 2ND AVENUE NORTH
LAKE WORTH, FL 33461
561.586.1647

City of Lake Worth Business License

- *ATTACH A COPY OF CORPORATE PAPERWORK/FICTITIOUS NAME/TRUST PAPERWORK***
- *ATTACH A COPY OF BUSINESS OWNER'S DRIVER'S LICENSE***
- *ATTACH A COPY OF PROOF OF OWNERSHIP (recorded warranty deed, PAPA statement or tax bill)***
- *ATTACH A COPY OF SUPPORTING DOCUMENTS/ SEE BACK FOR DETAILS***

DATE: _____ NEW LICENSE: TRANSFER OF LICENSE:

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ SUITE #: _____ CITY: Lake Worth ST: FL ZIP: _____

NATURE OF BUSINESS: _____

BRIEF DESCRIPTION OF BUSINESS _____

PLEASE FILL IN ALL FIELDS BELOW AS APPLICABLE. IF FIELD DOES NOT APPLY PLEASE LEAVE BLANK.

NUMBER OF: EMPLOYEES: _____ MACHINES: _____ VEHICLES: _____ SQUARE FEET: _____ SEATS _____
 BAYS _____ UNITS _____ BEDROOMS _____ INVENTORY: \$ _____ COIN OP. MACHINES: _____

TAX ID/ SOCIAL SECURITY #: _____ PARCEL CONTROL NUMBER #: _____

MAILING ADDRESS: _____

BUSINESS OWNER'S NAME: _____ HOME PHONE: _____

DRIVER'S LICENSE #: _____ EMAIL ADDRESS: _____

<u>WILL YOUR BUSINESS REQUIRE?</u>	YES	NO	<u>ARE YOU CLAIMING?</u>	YES	NO
CHANGE IN USE OR OCCUPANCY	<input type="checkbox"/>	<input type="checkbox"/>	VETERANS EXEMPTION	<input type="checkbox"/>	<input type="checkbox"/>
REQUIRE REMODELING/RENOVATION	<input type="checkbox"/>	<input type="checkbox"/>	DISABILITY EXEMPTION	<input type="checkbox"/>	<input type="checkbox"/>
UTILIZE OUTSIDE STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	NON-PROFIT EXEMPTION	<input type="checkbox"/>	<input type="checkbox"/>
HANDLE HAZARDOUS MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>	AGE EXEMPTION	<input type="checkbox"/>	<input type="checkbox"/>
SELL ALCOHOLIC BEVERAGES	<input type="checkbox"/>	<input type="checkbox"/>			
HOURS OF OPERATION _____ AM / PM TO _____ AM / PM			DAYS OPEN: _____		

SIGNATURE APPLICANT'S NAME (PLEASE PRINT) DATE

FOR OFFICE USE ONLY		
BUSINESS #:	ACCOUNT #:	CATEGORY:
RECEIVED BY:	AMOUNT DUE:	
ZONING 561-586-1687		
DISTRICT:	ZONE:	USE:
APPROVED/DENIED	SIGNATURE:	DATE:
COMMENTS:		



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SPECIAL REQUIREMENTS FOR CERTAIN BUSINESSES

1. IF YOUR PROFESSION OR BUSINESS IS CERTIFIED BY THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATIONS (850-487-1395) OR DEPARTMENT OF HEALTH (850-488-0595), YOU MUST ATTACH A COPY OF YOUR CERTIFICATION, REGISTRATION, OR LICENSE TO THIS APPLICATION.
2. BANKS, MORTGAGE BROKERS, FINANCE COMPANIES, AND STOCKBROKERS MUST BE REGISTERED WITH THE OFFICE OF FINANCIAL REGULATION (850-410-9805). ATTACH A COPY OF THE LICENSE SHOWING PROPER BUSINESS LOCATION TO THIS APPLICATION.
3. RESTAURANTS AND MOBILE FOOD UNIT OPERATORS MUST CONTACT THE DIVISION OF HOTEL AND RESTAURANTS (850-487-1395). YOU MUST ATTACH A COPY OF APPROVED INSPECTION REPORT TO THIS APPLICATION OR OBTAIN AN AUTHORIZED SIGNATURE ON THE CERTIFICATE OF APPROVAL PROVIDED WITH PACKET.
4. CHILD CARE MUST HAVE THE APPROVAL OF THE PALM BEACH COUNTY HEALTH DEPARTMENT (561-840-4500). YOU MUST ATTACH A COPY OF THE LICENSE TO THIS APPLICATION OR OBTAIN AN AUTHORIZED SIGNATURE ON THE CERTIFICATE OF APPROVAL PROVIDED WITH PACKET.
5. FOOD OUTLETS, AUTO REPAIR, TRAVEL AGENCIES, TELEMARKETERS, HEALTH AND DANCE (BALLROOM) STUDIOS MUST SUBMIT A PERMIT, REGISTRATION OR EXEMPTION FROM THE STATE OF FLORIDA, DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (1-800-435-7352)
6. CERTIFIED CONTRACTORS MUST ATTACH A COPY OF STATE OF FLORIDA AND/OR PALM BEACH COUNTY CERTIFICATION. CALL (561-233-5525) FOR CERTIFICATION INFORMATION. COUNTY RECEIPT IS REQUIRED, COUNTYWIDE MUNICIPAL RECEIPT IS OPTIONAL.
7. DANCE STUDIOS, MARTIAL ARTS FACILITIES, GYMS, YOGA, PILATES OR SIMILAR BUSINESSES, INCLUDING INDOOR RECREATION, MUST ATTACH A COPY OF YOUR CERTIFICATION FROM THE DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES (1-800-435-7352).