



ADMINISTRATION: 21 Country Road • Village of Golf, FL 33436-5299 • (561) 732-0236 • FAX (561) 732-7024  
PUBLIC SAFETY: (561) 734-2918 • UTILITIES: (561) 737-7995 • [www.villageofgolf.org](http://www.villageofgolf.org)

## BUSINESS TAX RECEIPT APPLICATION

Municipalities have the power to levy an annual tax on any business, profession or occupation located within its jurisdiction.

Business Taxes are issued for October 1 – September 30. Partial year taxes will be pro-rated.

Please print. If an item is not applicable indicate by writing N/A.

Date: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Corporation Name: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Business Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Owner's Home Phone Number or Cell Number: \_\_\_\_\_  
Emergency Contact Name and Phone Number: \_\_\_\_\_  
Describe the nature of the business: \_\_\_\_\_  
Gross Square Footage: \_\_\_\_\_ If restaurant; number of seats: \_\_\_\_\_  
Will you use, handle, display or store hazardous materials? Yes  No   
Do you have a fire alarm installed on premises? Yes  No   
Name and phone number of alarm monitoring company: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

An inspection must be completed by the Boynton Beach Fire Department and the Village of Golf Building Department, prior to receiving a Business Tax Receipt License. **CALL 561-732-0236 TO SCHEDULE INSPECTIONS.** A REINSPECTION FEE WILL APPLY FOR A FAILED INSPECTION AND MUST BE PAID PRIOR TO REINSPECTION.

**FIRE DEPARTMENT INSPECTION DATE:** \_\_\_\_\_

**APPROVED:**  **DENIED:**

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**BUILDING DEPARTMENT INSPECTION DATE:** \_\_\_\_\_

**APPROVED:**  **DENIED:**

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**SIGN PERMIT: APPROVED:**  **DENIED:**

Our records indicate your Business Tax Receipt Classification is Class \_\_\_\_\_, and your gross floor area is approximately \_\_\_\_\_ square feet. Accordingly, the Business Tax fee for the year is \$\_\_\_\_\_. If applicable, the pro-rated fee (from date of application until 9/30 of the current year) due at this time is \$\_\_\_\_\_.

**After inspections are approved, please return this form, along with a copy of your current Palm Beach County Business Tax Receipt License, plus a check in the amount indicated below:**

Payment amount due: \$\_\_\_\_\_