



Community Sustainability Department  
Business License Division

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 REQUIRED\***

**\*ATTACH A COPY OF PROOF OF OWNERSHIP REQUIRED\***

(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 \_\_\_\_\_ ST \_\_\_\_\_ 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: \_\_\_\_\_ GROSS SQUARE FEET OF FLOOR AREA: \_\_\_\_\_

SEATS: \_\_\_\_\_ 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: \_\_\_\_\_

WILL YOUR BUSINESS REQUIRE?

YES NO

ARE YOU CLAIMING?

YES NO

CHANGE IN USE OR OCCUPANCY

VETERANS EXEMPTION

REQUIRE REMODELING/RENOVATION

DISABILITY EXEMPTION

UTILIZE OUTSIDE STORAGE

NON-PROFIT EXEMPTION

HANDLE HAZARDOUS MATERIAL

AGE EXEMPTION

SELL ALCOHOLIC BEVERAGES

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:

## 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 (561-355-3018). 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).