

Town of Haverhill
4585 Charlotte Street, Haverhill Florida 33417
Phone: 561-689-0370

TOWN CODE SECTION(S) 34-26 THRU 34-36 & F.S. CHAPTER 205. PLEASE MAIL OR RETURN IN PERSON TO 4585 CHARLOTTE STREET, HAVERHILL, FL 33417. **PAYMENT MUST BE MADE BY CASH OR CHECK ONLY.**

OFFICE USE ONLY RENTAL TAX #: _____

LOCAL BUSINESS TAX RECEIPT APPLICATION - RENTALS

PCN #: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

17 digit Parcel Control Number can be found on Palm Beach County Property Appraiser (PAPA) website at:
<http://www.pbcgov.com/papa/>

OWNER NAME: _____

The Owner name as it appears on Palm Beach County Property Appraiser (PAPA). Copy of Bill of Sale/Recorded Warranty Deed/Settlement Documents from Closing required for recently purchased property. If the Owner name is a corporation, partnership, LLC, or fictitious name please provide proof from Division of Corporations (Sunbiz) official website: <http://dos.myflorida.com/sunbiz/search/>

FEIN#: _____ **OR SS#:** _____ **OR ITIN#:** _____
Federal Employee Identification Number Social Security # Required FS205.0535(6) Individual Taxpayer Id Number

Designation of Resident Agent – No business tax receipt shall be issued by the Town for a rental dwelling located on a rental premises unless the Applicant designates in writing to the Town the name, address, and local telephone number of the owner or resident agent to receive service of notice of any violation of Town Code.

The owner may designate as his or her resident agent any natural person 18 years of age or older who is customarily present at a business location within the Town of Haverhill for the purposes of transacting business, or who actually resides within the Town of Haverhill.

DESIGNATED AGENT (if different from owner): NAME: _____

ADDRESS: _____ **PHONE:** _____

EMAIL: _____

RENTAL ADDRESS: _____ **APT #:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MAILING ADDRESS: _____ **APT #:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

OWNER PHONE: _____ **OWNER EMAIL:** _____

***Please check if renting less than 6 months or more than 6 months.**

If less than 6 months, provide proof of your State of Florida Vacation Rental license.

**Vacation rental short-term means any dwelling unit or structure originally constructed for residential use that is used for temporary lodging and is listed with an agent, advertised or made available by referral, word of mouth, Internet, recommendation and/or reputation as a vacation or tourist rental.*

FOR OFFICIAL USE ONLY

ASSISTED BY: _____

DATE STAMP: _____

CATEGORY: _____

FEE SCHEDULE AND CHECKLIST FOR RENTALS

RENTAL PROPERTY TYPE:

SINGLE FAMILY/TOWNHOUSE/CONDO

#: _____ X 36.75 = \$ _____

APARTMENT(S) - UP TO 4 UNITS

#: _____ X 36.75 = \$ _____

APARTMENT(S) - OVER 4 UNITS

#: _____ X 15.75 = \$ _____

INSPECTIONS:

NO FEE

\$ _____

\$ _____

CODE ENFORCEMENT FEE - NO FEE

\$

FIRE INSPECTION FEE

**Inspection only for 3 or more units under the same roof. No fire inspection for condos.*

\$0.00 (3-11 UNITS) \$ _____

\$0.00 (12-24 UNITS) \$ _____

\$0.00 (25-100 UNITS) \$ _____

\$0.00 (OVER 100 UNITS) \$ _____

LATE FEE:

\$

\$ _____

TOTAL \$ _____

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 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 PROPERTY IN ACCORDANCE WITH ALL THE LAWS OF THE STATE OF FLORIDA AND THE LAWS AND ORDINANCES OF THE TOWN OF HAVERHILL. I ACKNOWLEDGE THAT RENTING MY PROPERTY MAY CONSTITUTE A SURRENDER OF MY HOMESTEAD EXEMPTION WITH THE PALM BEACH COUNTY PROPERTY APPRAISER PER F.S. 196.061. FURTHERMORE, I UNDERSTAND THAT THE ISSUANCE OF THIS LICENSE IS CONDITIONED UPON THE COMPLIANCE WITH ALL ORDINANCES AND THE RESULTS OF ANY INVESTIGATIONS OF THE ABOVE DESCRIBED PROPERTY. I ACKNOWLEDGE THAT THE RENTAL TAX RECEIPT EXPIRES EACH YEAR ON SEPTEMBER 30TH.

OWNERS SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Attach the following, if applicable:

1. Palm Beach County Business Tax Receipt.
2. Workers' Compensation and Liability Insurance.
3. State License or Certification.
4. Palm Beach County Bed Tax Receipt or Tourist Development Tax Receipt (if renting the property for less than 6 months - short term rental/vacation rental. Per Palm Beach County Ordinance Chapter 17, Article III, Sections 17-117 and Chapter 125 of the Florida Statutes, if you offer accommodations for short term rental (6 months or less), you are required to collect Tourist Development Tax (TDT) which is 6% of the total taxable rental receipts. TDT is an add-on tax and is collected from the tenant at the time rent or accommodation charges are collected. Palm Beach County property owners must establish an online Tourist Development Tax account with the Palm Beach County Tax Collector at www.pbctax.com/tdt and obtain a county local business tax receipt for short term rental for each short term rental property. For more information, email clientadvocate@pbctax.com or call (561) 355-3547.