



**TOWN OF SOUTH PALM BEACH**  
3577 South Ocean Blvd. South Palm Beach, Florida 33480  
Phone No. 561-588-8889 Fax No. 561-588-6632  
[www.southpalmbeach.com](http://www.southpalmbeach.com)

**Registration for a Home-Based Business**

**Please review and check one of the following:**

I am regulated by the Department of Business and Professional Regulation, and engage in business in South Palm Beach. Enclosed is a copy of my Florida State License (Certified), Certificate of Liability Insurance and Workers Compensation.

I am **not** regulated by the Department of Business and Professional Regulation and engage in business in South Palm Beach. Enclosed is a copy of my County Business Tax Receipt or County Wide Business Tax Receipt, Certificate of Competency (*if Construction trade*), and any Insurance coverage that the Town requires.

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Has a Business, Professional, Occupational License or Registration of any Owner, Principle, General Partner, Director or office of your business ever been revoked or suspended? If **“YES”**, attach a separate sheet and explain fully.

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I agree, for myself and my business, not to engage in any criminal activities while conducting my business in the Town of South Palm Beach. I am authorized to make this statement and agree to cooperate with the South Palm Beach Police Department in keeping South Palm Beach a safe place to live and work.

**RETURN TO:** Town of South Palm Beach  
3577 South Ocean Boulevard  
South Palm Beach, Florida 33480

**DUE:** October 1<sup>st</sup>  
**EXPIRES:** September 30<sup>th</sup>

**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Applicant Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature of Condo Board Member**