



City of Boynton Beach DEPARTMENT OF DEVELOPMENT BUSINESS TAX RECEIPT

APPLICATION FOR CONTRACTOR'S REGISTRATION

Bus # 233221
Fees \$ 2

THE BOYNTON BEACH CODE OF ORDINANCES REQUIRES THIS COMPLETED APPLICATION AND APPROPRIATE DOCUMENTATION BE SUBMITTED TO:

**CITY OF BOYNTON BEACH
OCCUPATIONAL LICENSES
100 E. Boynton Beach Blvd-West Wing
P.O. Box 310
Boynton Beach, FL 33425-0310**

1. NAME OF BUSINESS (dba): _____
2. CORPORATE NAME: _____ PHONE: _____
3. LOCATION OF BUSINESS: _____
4. MAILING ADDRESS: _____
5. CITY: _____ STATE: _____ ZIP: _____
6. QUALIFIER/CONTRACTOR, LICENSE HOLDER-NAME: _____
TITLE: _____ HOME PHONE: _____
7. HAS BUSINESS BEEN PREVIOUSLY LICENSED IN BOYNTON BEACH? YES ____ NO ____
8. THE FOLLOWING MATERIALS SHALL BE SUBMITTED WITH THIS COMPLETED APPLICATION:
 - a) Palm Beach County Competency
 - b) Palm Beach County Occupational License
 - c) Occupational Palm Beach Countywide Municipal License
9. APPLICATION COMPLETED BY (PRINT NAME): _____
TITLE: _____ HOME PHONE: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SIGNATURE _____ DATE: _____

S:\Occupational\forms\Applications\Business Tax Receipt Application for Contractors Registration July 08.doc