

**TOWN OF MANGONIA PARK**  
**BUSINESS LICENSE TAX DEPARTMENT**  
**1755 EAST TIFFANY DRIVE**  
**MANGONIA PARK, FLORIDA 33407**  
**Office: (561) 848-1235 Fax: (561) 848-6940**

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**CORPORATION APPLICATION FOR BUSINESS LICENSE**

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**APPLICATION NUMBER:** \_\_\_\_\_ **SUBMITTAL DATE:** \_\_\_\_\_

**AFFIDAVIT FOR BUSINESS LICENSE**

**STATE OF FLORIDA**                      )  
   ) ss:  
**COUNTY OF PALM BEACH**             )   **DATE** \_\_\_\_\_

I (We) hereby apply for a Business License to use property located at \_\_\_\_\_  
\_\_\_\_\_ for use as \_\_\_\_\_. I (We) certify  
that I (we) am (are) eligible for this license and understand that it shall only be permitted in Zoning  
District \_\_\_\_\_ and that my (our) property is located in that Zoning District. I (we) understand  
that if there are any violations of State or Local laws or regulations; or if I (we) have provided false or  
misleading statements to the Town, my (our) Business License shall be automatically revoked in  
accordance with Section 14-21. of the Town Code of Ordinances.

I understand the conditions required for a Business License and agree to abide by same.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Witness

STATE OF FLORIDA                      )  
   ) ss:  
COUNTY OF PALM BEACH             )

This "Affidavit for Business License" was acknowledged before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_ who  
is personally known to me or who has produced \_\_\_\_\_ as  
identification and who did/did not take an oath.

(SEAL)

\_\_\_\_\_  
Notary Public  
State of Florida

**APPLICANT INFORMATION:**

Type of Business Proposed: \_\_\_\_\_

Address of Proposed Business: \_\_\_\_\_

(Lot # and legal description) \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Name/Capacity of Officers: \_\_\_\_\_

Directors, Principal Stockholders: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Copy of Articles of Incorporation submitted? Yes \_\_\_ No \_\_\_ Tax ID: \_\_\_\_\_

**\* Copy of County and/or State License Required.**

**THE FOLLOWING INFORMATION MUST BE PROVIDED AS APPROPRIATE TO APPLICATION:**

1. Square footage of location: Total \_\_\_\_\_ Office Space \_\_\_\_\_ Storage \_\_\_\_\_
2. Any use or storage of Flammable or Explosive materials? \_\_\_\_\_
3. Number of Employees: \_\_\_\_\_ Number of Company Vehicles: \_\_\_\_\_
4. Are there any interior/exterior alterations to be performed prior to occupancy? Yes \_\_\_ No \_\_\_
5. Number Vending Machines: \_\_\_\_\_ Outside Storage: Yes \_\_\_ No: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

(I) (We) affirm and certify that (I) (We) understand and hereby consent to comply with all provisions and regulations of the Town of Mangonia Park, Florida, including the exercise of the responsibilities and duties of all employees and agents of the Town. (I) (We) understand that if this Application is approved by the Town, the business or profession will be subjected to all applicable laws, regulations, taxes and police powers of the Town including, but not limited to, the Comprehensive Plan and Zoning Ordinances. (I) (We) further certify that all statements, affidavits and diagrams submitted herewith are true and accurate to the best of (my) (our) knowledge and belief and understand that giving false or misleading information on this form shall result in (my) (our) business license being automatically rendered null and void. Further, (I) (We) understand that this Application and attachments become part of the Official Records of the Town and are not returnable.

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Printed Name of Applicant

**-----FOR OFFICIAL USE ONLY-----**

Yearly Fee \_\_\_\_\_ P.B.C. Business License \_\_\_\_\_ Zoning District \_\_\_\_\_

BT Code(s) \_\_\_\_\_

**BEFORE ISSUANCE OF BUSINESS LICENSE, THE DESCRIBED PLACE OF BUSINESS MUST BE INSPECTED AND APPROVED BY THE TOWN OFFICIAL(S) CHECKED BELOW:**

BUILDING DEPARTMENT \_\_\_\_\_  FIRE DEPARTMENT \_\_\_\_\_  
(Signature of approval) (Signature of approval)

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date of Approval**