

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

LIMITED LIABILITY COMPANY APPLICATION FOR BUSINESS LICENSE

APPLICATION NUMBER: _____

SUBMITTAL DATE: _____

**TOWN OF MANGONIA PARK
AFFIDAVIT FOR BUSINESS LICENSE**

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

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): _____
Tax ID: _____

LLC's Complete Name: _____
Name of Members/Managing Members): _____

Email Address: _____
LLC Mailing Address: _____
Phone Number _____ Fax Number _____

*** PROOF OF LLC MUST BE ATTACHED.
* 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 _____
(Signature of approval)

FIRE DEPARTMENT _____
(Signature of approval)

OTHER _____
(Specify)

Authorized Signature

Date of Approval