



Town of Mangonia Park, Florida

1755 East Tiffany Drive, Mangonia Park, FL 33407

561.848-1235 (FAX) 561.848-6940

info@townofmangoniapark.com

RENTAL BUSINESS LICENSE TAX APPLICATION

Proof of Ownership Required & Copy of Owner's Driver's License

Date: _____

Rental Address(es): _____

Owner(s) Name: _____

Business/Cell Phone: _____ Home Phone: _____

Home Address: _____

Mailing Address: _____

Email Address: _____

Driver's License #: _____

S.S. #/Tax ID No.: _____

Rental Type: Single Family Condo Duplex Multi Apartments

Other _____

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

Witness

Printed Name of Applicant

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

**STATE OF FLORIDA)
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

Witness

Witness

STATE OF FLORIDA)
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

FOR OFFICIAL USE ONLY

Date Received _____ Yearly Fee _____ P.B.C. Business License _____

Delinquent (after October 30) _____ Penalty Paid _____

Zoning District: _____

REASON OF DENIAL AND/OR COMMENTS: _____

Authorized Signature

Date of Approval