City of Greenacres

Building Department
5800 Melaleuca Lane ▪ Greenacres ▪ Florida ▪ 33463-3515
Ph: 561-642-2053 ▪ Fax: 561-642-2049 ▪ www.ci.greenacres.fl.us

APPLICATION DATE _____

TOTAL FEE $25.00

Business Registration Application

PROVIDE COPIES OF THE FOLLOWING DOCUMENTS ALONG WITH APPLICATION (If applicable):

Palm Beach County/County-wide Business Tax Receipt for the current fiscal year.
(Licensia del Condado de Palm Beach para el año corriente)

Certificate of Liability and Workers Comp Insurance, naming the City of Greenacres as Certificate Holder.
(Certificado de seguro nombrando La Ciudad de Greenacres como posesor para el aseguramiento de riesgo y compensacion del trabajo)

State License if applicable
(Licensia del estado si applica)

COMPANY
(Negocio)

Company Name _____
(Nombre del negocio)

Business Phone_____ **Fax Number**_____
(Telefono del negocio) *(Numero de Fax)*

Address _____
(Direccion) (Street) (City) (State) (Zip)

Mailing Address _____
(Direccion para correspondencia) (Street) (City) (State) (Zip)

Web-Site_____ **E-Mail Address** _____

Nature of Business_____
(Naturaleza del negocio)

OWNER INFORMATION
(Informaccion del Dueño)

Name _____ **Home Phone**_____
(Nombre) *(Telefono)*

Home Address _____
(Direccion (casa) (Street) (City) (State) (Zip)

FL Driver's License # _____ **# of Employees** _____
(# de licensia de conducir) *(# de empleados)*

I hereby declare this application has been examined by me as of this date and to the best of my knowledge and belief is true and accurate.*(Yo declaro que he examinado esta applicacion este dia y hasta mi conocimiento lo escrito es verda y correcto)*

Signature_____ **Date**_____

FOR OFFICE USE

BUSINESS ID# _____

Effective Date:_____