

RENTAL PROPERTY INSTRUCTIONS & REQUIREMENTS

Wellington's Code of Ordinances requires property owners who lease or rent residential dwelling units to obtain a valid Business Tax Receipt. In addition, applicants are required to comply with Wellington's Land Development Regulations definition of "Family" when leasing or renting the property.

Family means either a single person occupying a dwelling unit and maintaining a household, including not more than one (1) boarder, roomer, or lodger as herein described; or two (2) or more persons related by blood, marriage, or adoption occupying a dwelling, living together and maintaining a common household, including not more than one (1) such boarder, roomer, or lodger; or not more than four (4) unrelated persons occupying a dwelling, living together and maintaining a non-profit housekeeping unit as distinguished from a group occupying a boarding or lodging house, hotel, club or similar dwelling for group use. A common household shall be deemed to exist if all members thereof have access to all parts of the dwelling.

I have read the above regulations for operating a rental property. I am aware of my responsibilities and liabilities for the use and occupation on the property. I do hereby covenant and agree to abide by each of the aforesaid stipulations. I further understand that any violation of the stipulations may result in possible code enforcement action and/or revocation of the Business Tax Receipt.

Owner/Applicant Initials: _____

All Business Tax Receipts expire SEPTEMBER 30th of each year. Penalty fees are assessed on OCTOBER 1st through January 30th and a \$250 non-compliant fee is assessed to all businesses failing to renew prior to February 1st.

New Business Tax Receipts are prorated for half-year from April 1 through September 30. Business Tax is not prorated if your business is operational prior to April 1. NO REFUNDS will be made for properties sold or businesses closed during the full fiscal year or paid in error.

Applicants shall complete the rental property application and pay the required fees prior to renting or leasing.

CHECKLIST

- ❖ Application for Wellington Rental Business Tax Receipt;
- ❖ Fictitious Name Registration and/or Articles of Incorporation, (if applicable);
- ❖ Wellington non-refundable Admin/Reg. fee, Zoning review fee, tax and unit fees;
- ❖ A copy of the Owner's Driver's License;
- ❖ Copies of each property in Palm Beach County Property Appraiser (PAPA) website

RENTAL BUSINESS TAX RECEIPT FEE SCHEDULE

***ALL NEW APPLICATIONS ARE SUBJECT TO ONE TIME \$80. ADMIN/REG & ZONING REVIEW FEE IN ADDITION TO THE TAX AS INDICATED BELOW**

<u>Classification:</u>	<u>Tax:</u>
Residential Rental Units (Includes single family homes, duplexes, townhouses, seasonal rentals, & vacation rentals.)	\$100. + \$5. per unit
Hotels, Motels, Apartments (DPBR Dept. of Hotels required.) (This category also includes Bed & Breakfasts)	\$100. + \$5. per unit



Rental Business Tax Receipt Application (BTR)

☐ Residential Rental

☐ Seasonal Rental

☐ Vacation Rental

☐ Hotel/Motel/Apartments

Corporation/Business Name: _____
(Division of Corporations requires registration of a fictitious name. Copy of registration must accompany this application)

Owners Name: _____

Owners Email Address*: _____

***Required**

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Business Phone Number: _____ Cell/Emergency Number: _____

Government Issued ID # _____ State/Country _____ DOB _____

FEIN or Social Security Number* _____

*** Pursuant to FS 205.0535(5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available the applicant must complete the attached form with the Social Security number for the person being taxed pursuant to section FS 119.071(5)**

Owner's Signature: _____ Date: _____

Individual Rental Unit Addresses

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

For Vacation Rentals Only: Special Use Permit # _____

Whole House Rented _____ **Single Room Rented** _____ (check one)

Applicant/Property Manager: _____ Phone: _____
Print name

Address: _____ City: _____ State: _____ ZIP: _____

Email address: _____ Driver's License Number: _____

Applicant/Qualifier Signature: _____ Title: _____

Staff Use Only:

CLASSIFICATION CODE _____ BTR # _____ STAFF INITIALS _____

Zoning Approval: _____ Date: _____

One Time Zoning Review Fee: \$30. _____ One Time Registration Fee: \$50. _____ Business Tax: \$ 100 + \$5 per rental unit _____

Misc. Fees: \$ _____ Non-Compliant Fee: _____ Total Fees: \$ _____

Please email completed application & required documents to: **BTR@WellingtonFL.Gov**

Planning, Zoning and Building

12300 Forest Hill Boulevard, Wellington, FL 33414

561-791-4000 BTR@wellingtonfl.gov



RENTAL BUSINESS TAX RECEIPT ACKNOWLEDGMENT

RENTAL REGULATIONS PROPERTY OWNER ACKNOWLEDGEMENT

I/We hereby state that all information provided on/with this application is accurate and agree to comply with all terms and conditions as contained herein. The rental dwelling unit(s) shall comply with the following regulations:

1. I/We agree to comply with all regulations applicable to residential properties found in Wellington's Land Development Regulations (LDR) and Code of Ordinances. This includes, but is not limited to regulations governing proper disposal of garbage and trash, storage of garbage cans, parking of personal and commercial vehicles, property maintenance requirements, and noise standards.
2. I/We will inform all tenants of the rental dwelling unit(s) of their obligation to comply with all regulations applicable to residential properties found in Wellington's LDR and Code of Ordinances. This includes, but is not limited to regulations governing proper disposal of garbage and trash, storage of garbage cans, parking of personal and commercial vehicles, property maintenance requirements, and noise standards.
3. I/We acknowledge that the requirements of Chapter 13, Article III of the Code of Ordinances relating to sexual offenders and sexual predators apply to rental properties in Wellington and agree to abide by them. If the rental dwelling unit(s) is located within 2,500 feet of a school, child care facility, park, or playground, I/we acknowledge that it is a violation of Wellington's Code of Ordinances to rent the property to a sexual offender or predator.

I/We do hereby swear/affirm that I/we am/are the owner(s) of the rental properties referenced in this application and that all information contained in this application is true and correct. I/We understand that knowingly providing false information in this application will result in the denial, revocation, or administrative withdrawal of the application or rental business tax receipt.

Signature(s) of Property Owner(s): _____

Print Name(s): _____

OWNER NOTARY

FOR INDIVIDUALS:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____ [insert status],
☐ who is personally known to me or ☐ who has produced as identification Driver's License # _____ or (other identification) (describe) _____.

(Signature of Notary)

My Commission Expires: _____

(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)

FOR CORPORATE ENTITIES:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____ by _____ [name] as _____ [insert title], of _____ [insert name of entity ie: corporation, limited liability company, etc.], insert status, i.e. a corporation existing under the laws of the State of _____, ☐ who is personally known to me or ☐ who has produced as identification Driver's License # _____ or (other identification) (describe) _____.

(Signature of Notary)

My Commission Expires: _____

(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)