



**BUSINESS TAX RECEIPT**  
**PROPERTY RENTAL:**  
**COMMERCIAL / CAMPGROUND /**  
**TRAILER PARK / PARKING LOT**

(Revised 12/16/2019)

**CITY OF KEY WEST**  
 PO Box 1409 (1300 White St.)  
 Key West, FL 33041  
 (305) 809-3955  
 licensing@cityofkeywest-fl.gov

**Action:**     \_\_\_ New                    \_\_\_ Transfer of ownership

**Rental Type:**     \_\_\_ Parking Lot (\$87.15)                    \_\_\_ Campground: # of Spaces = \_\_\_ (\$11.29 ea.)  
                          \_\_\_ Commercial: # of Units = \_\_\_ (\$29.40 ea.)     \_\_\_ Trailer Park: # of Lots = \_\_\_ (\$11.29 ea.)

Application date: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

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

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

Contact Phone #: \_\_\_\_\_                    EIN or last 4-digits of SSN: \_\_\_\_\_

**Ownership transfers only:**

Previous owner: \_\_\_\_\_

This Business Tax Receipt is being issued in accordance with Chapter 66, City of Key West Municipal Code. By signing below, I certify that the above information is true, complete, and correct.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Notary:**            State of \_\_\_\_\_, County of \_\_\_\_\_  
 The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Notary signature: \_\_\_\_\_  
 \_\_\_ Personally known     \_\_\_ Produced ID: \_\_\_\_\_

**OFFICE USE ONLY**

**BUSINESS TAX FEES:**  
 Pro-rated annual BTR fee: \_\_\_\_\_  
 Transfer fee: \_\_\_\_\_  
 Delinquency fee: \_\_\_\_\_  
 Non-conformance penalty: \_\_\_\_\_  
**TOTAL FEES DUE/COLLECTED:** \_\_\_\_\_

Business Tax Receipt #: \_\_\_\_\_  
 Licensing Rep: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Required back-up documents:**  
 \_\_\_ Copy of state name registrations (corporation/LLC/fictitious name) [www.sunbiz.org](http://www.sunbiz.org)  
 \_\_\_ Copy of lease, deed or Monroe County property card