



BUSINESS TAX RECEIPT APPLICATION

STATE-LICENSED PROFESSIONAL

(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 Transfer of location

Add'l permits: Mobile Service Home Occupation Sign over right-of-way

State Licensing Agency / Type:

| | | | |
|--|-------------------|------------------|----------------|
| <input type="checkbox"/> DBPR | Type: _____ | License #: _____ | Expires: _____ |
| <input type="checkbox"/> Dept of Agriculture | Type: _____ | License #: _____ | Expires: _____ |
| <input type="checkbox"/> Dept of Financial Svcs. | Type: _____ | License #: _____ | Expires: _____ |
| <input type="checkbox"/> Dept of Health | Type: _____ | License #: _____ | Expires: _____ |
| <input type="checkbox"/> Florida Bar Assoc | Bar Card #: _____ | | |
| <input type="checkbox"/> Health Care Admin | Type: _____ | License #: _____ | Expires: _____ |
| <input type="checkbox"/> Other - _____ | Type: _____ | License #: _____ | Expires: _____ |

Application date: _____

Applicant Name: _____

Establishment Name: _____

Establishment Owner: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

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

Ownership / location transfers only:

Previous owner or previous location: _____

| | |
|--|---|
| <p>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.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Notary: State of _____, County of _____</p> <p>The foregoing instrument was acknowledged before me on this _____ day of _____, 20____ by _____.</p> <p>Notary signature: _____</p> <p><input type="checkbox"/> Personally known <input type="checkbox"/> Produced ID: _____</p> | <p style="text-align: center;"><u>OFFICE USE ONLY</u></p> <p>BUSINESS TAX FEES:</p> <p>Pro-rated annual fee: _____</p> <p>Transfer fee: _____</p> <p>Delinquency fee: _____</p> <p>Non-conformance penalty: _____</p> <p>TOTAL FEES DUE/COLLECTED: _____</p> <p>Business Tax Receipt #: _____</p> <p>Licensing Rep: _____</p> <p>Date: _____</p> |
|--|---|

Required back-up documents:

Copy of state license

State name registrations (corporation/LLC/fictitious name) www.sunbiz.org

Copy of lease, deed or Monroe County property card (establishments & owner/operators only)