



# BUSINESS TAX RECEIPT APPLICATION COSMETOLOGY / MASSAGE

(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

<b>Type of establishment state license(s):</b> <input type="checkbox"/> Cosmetology salon <input type="checkbox"/> Barber shop <input type="checkbox"/> Massage establishment <input type="checkbox"/> Electrolysis facility <input type="checkbox"/> Mobile cosmetology salon	<b>Action:</b> <input type="checkbox"/> New <input type="checkbox"/> Transfer of ownership <input type="checkbox"/> Transfer of location	<b>BTR type:</b> <input type="checkbox"/> Operator <input type="checkbox"/> Owner/operator <input type="checkbox"/> Establishment
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<b>Type of operator state license(s):</b> <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Full Specialist <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Barber <input type="checkbox"/> Electrologist <input type="checkbox"/> Hair Braider <input type="checkbox"/> Nail Specialist <input type="checkbox"/> Body Wrapper <input type="checkbox"/> Face Specialist <input type="checkbox"/> Hair Wrapper <input type="checkbox"/> Restricted Barber	<b>Add'l permits:</b> <input type="checkbox"/> Mobile Svc <input type="checkbox"/> Sign over right-of-way
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Application date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Owner: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

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

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

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

**Establishment transfers only:**

Previous owner or previous location: \_\_\_\_\_

<p style="text-align: center; color: red;"><b><u>OFFICE USE ONLY</u></b></p> <p><b>BUSINESS TAX FEES:</b></p> <p>Pro-rated annual fee: _____</p> <p>Transfer fee: _____</p> <p>Delinquency fee: _____</p> <p>Non-conformance penalty: _____</p> <p><b>TOTAL FEES DUE/COLLECTED:</b> _____</p> <p>Business Tax Receipt #: _____</p> <p>Licensing Rep: _____</p> <p>Date: _____</p>	<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><b>Notary:</b> 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>___ Personally known    ___ Produced ID: _____</p>
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**Required back-up documents:**

Copy of state license(s) [www.myfloridalicense.com](http://www.myfloridalicense.com) / [www.floridahealth.gov](http://www.floridahealth.gov)

State name registrations (corporation/LLC/fictitious name) [www.sunbiz.org](http://www.sunbiz.org)

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

Letter from establishment owner indicating operator is authorized to work at their establishment (operators)

Bill of Sale (ownership transfers only)