



# **THE CITY OF KEY WEST**

Licensing Division

P.O. Box 1409, Key West, FL 33041

## **P.O. Box & Mobile Service Restrictions**

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

**Type of Business:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**NO SALES, STOCK, OR CLIENT CONTACT AT APPLICANT'S HOME ADDRESS OR ALTERNATE LOCATION OF BUSINESS.**

**NO ADVERTISING SIGNS AT RESIDENCE.**

**COPY OF PICTURE I.D. REQUIRED. (Example: Driver's license, passport)**

**NO ADVERTISING WITH HOME ADDRESS.**

**NO OPERATION ON CITY STREETS OR PROPERTY.**

**OTHER:** \_\_\_\_\_

**"THERE SHALL BE NO REPAIRING OR SERVICING OF EQUIPMENT USED IN THIS BUSINESS, STOCK STORED, OR CLIENT CONTACT AT HOME ADDRESS OR IN ANY TOHER ZONES OF THE CITY WHERE SUCH ACTIVITY IS PROHIBITED.**

**LOCATION OF RESIDENCE WILL NOT BE REVEALED THROUGH ADVERTISING OR ON SIGNS."**

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. I UNDERSTAND THAT MY LICENSE MAY BE REVOKED FOR ANY INFRACTION OF CONDITIONS OR RULES.**

\_\_\_\_\_  
**OWNER/AUTHORIZED AGENT**

\_\_\_\_\_  
**DATE**