

# Business Tax Receipt Application

City of Key West  
City Hall Annex  
PO Box 1409  
Key West, FL 33041

Date Applied \_\_\_\_\_

BTR # \_\_\_\_\_

Phone 305-809-3955  
Fax 305-809-3978

Business Type: \_\_\_\_\_

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

Business Location: \_\_\_\_\_

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

State Licensed Qualifier (if applicable): \_\_\_\_\_

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

EIN / SS # \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Applicant name (printed)

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

State of Florida  
County of Monroe

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public (stamp or seal). Personally known \_\_\_\_  
Produced id \_\_\_\_\_.

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- \_\_\_\_ Sales Tax number 305-470-5001 myflorida.com
  - \_\_\_\_ Commercial garbage Waste Mgmt 296-8297 / 797-3312
  - \_\_\_\_ Lease or deed
  - \_\_\_\_ State License DBPR 850-487-1395 / Dept Ag 305-470-6900
  - \_\_\_\_ Home occupation application
  - \_\_\_\_ Fictitious Name registration sunbiz.org Previous use \_\_\_\_\_
  - \_\_\_\_ Corporate or LLC registration
  - \_\_\_\_ Liability / Worker's Comp Zoning \_\_\_\_\_
  - \_\_\_\_ Fire Inspector 292-8179
  - \_\_\_\_ CO / final inspection on any permits Category \_\_\_\_\_ Fee \$ \_\_\_\_\_
  - \_\_\_\_ Monroe County or local licensing

Issued in accordance with Chapter 66, Key West Code of Ordinances

\_\_\_\_ Approved \_\_\_\_\_ Denied / Reason \_\_\_\_\_

\_\_\_\_\_  
Licensing Official

\_\_\_\_\_  
Date