Business Tax Receipt Transfer Application

City of Key West
3140 Flagler Ave
PO Box 1409
Key West, FL 33041
(305) 809-3955 fax (305) 809-3978

Date applied _____

( ) Change of location
( ) Change of ownership

BTR #_____

Fee $ _____

licensing@cityofkeywest-fl.gov

Business Category: _____

Business Name: _____

New Owner: _____

Previous Owner: _____

New Address: _____

Previous Address: _____

Mailing Address: _____ Phone: _____

_____ SS # / EIN# : _____

____ Bill of Sale

____ Sales Tax Number 305-470-5001 myflorida.com

____ Lease or deed __

____ Corporate registration

____ State inspection / license 305-470-6900 (Dep Ag)
850-487-1395 myflorida.com

____ Local btr/license from home base

____ Liability / Worker's comp

____ Fire inspector 292-8179

__ Home occupation application

____ Fictitious name registration

____ Proof of commercial garbage (Waste Mgmt 797-3312)

If change of location, previous use of property:

_____

_____ _____ _____
Applicant name (printed) Ap plicant Signature Dat e

State of Florida County of Monroe

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ___, by _____.

Per sonally known or produced i.d. _____

_____
Notary Public, State of Florida (SEAL)

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

_____ Approved _____ Denied (reason)

_____
Licensing Official Date