



**CITY OF KEY WEST**  
 PO Box 1409 (1300 White St.)  
 Key West, FL 33041  
 licensing@cityofkeywest-fl.gov

**BUSINESS TAX RECEIPT  
 APPLICATION  
 SPECIALTY CONTRACTORS**  
 (Revised 12/2017)

**Date:** \_\_\_\_\_

**Application Type:** \_\_\_ New BTR (Fee = \$103/yr. pro-rated \$\_\_\_\_\_)  
 \_\_\_ Business Location Transfer - BTR # \_\_\_\_\_ (Fee: \$10.30)

Specialty License Type: \_\_\_\_\_

Comp Card # & County (**attach copy**): \_\_\_\_\_

Local BTR # & County (**attach copy**): \_\_\_\_\_

Business Name (**attach all state registrations (corp. / LLC / DBA) – www.sunbiz.com**)  
 \_\_\_\_\_

Qualifier Name: \_\_\_\_\_

Business Address (**attach copy of lease or deed if located in City of Key West**):  
 \_\_\_\_\_

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

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

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

Requested Permits (City of Key West only): \_\_\_ Mobile Service \_\_\_ Sign over right-of-way

**Attach Certificate of Insurance (Liability & Worker's Comp) and/or Worker's Comp Exemption**

**Transfers only:**

\_\_\_ Location change – Previous Location: \_\_\_\_\_

\*\*\*\*\*  
 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.

Signature: \_\_\_\_\_

**Notary:** State of \_\_\_\_\_, County of \_\_\_\_\_

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

Notary signature: \_\_\_\_\_ Produced ID: \_\_\_\_\_

\_\_\_ Personally known

**Office Use Only:**

Licensing Rep.: \_\_\_\_\_

Date: \_\_\_\_\_ BTR #: \_\_\_\_\_