



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

**BUSINESS TAX RECEIPT
 APPLICATION**
STATE-LICENSED CONTRACTORS
 (Revised 12/2017)

Date: _____

Application Type: ___ New BTR (Fee = \$325/yr. pro-rated \$_____)
 ___ Business Location Transfer - BTR # _____ (Fee: \$25.00)

State License Information: *(attach copy of Florida state license – www.myfloridalicense.com)*

State License Type: _____ State License #: _____

Business Name: _____

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
 Non-City of Key West contractors – attach a copy of your Business Tax Receipt from your
 base location**

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 #: _____