



# BUSINESS TAX RECEIPT APPLICATION SPECIALTY CONTRACTOR

(Revised 11/19/2019)

**CITY OF KEY WEST**  
PO Box 1409 (1300 White St.)  
Key West, FL 33041  
(305) 809-3955  
licensing@cityofkeywest-fl.gov

**Type of specialty contractor:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Acoustical ceiling       | <input type="checkbox"/> Elevator             | <input type="checkbox"/> Masonry              | <input type="checkbox"/> Sign, non-electrical     |
| <input type="checkbox"/> Aluminum                 | <input type="checkbox"/> Fencing              | <input type="checkbox"/> Metal decking/siding | <input type="checkbox"/> Structural steel/framing |
| <input type="checkbox"/> Asphalt sealing/coating  | <input type="checkbox"/> Floor covering       | <input type="checkbox"/> Painting             | <input type="checkbox"/> Tile/terrazzo/marble     |
| <input type="checkbox"/> Awning erection          | <input type="checkbox"/> Gen'l engineering    | <input type="checkbox"/> Plastering/stucco    | <input type="checkbox"/> Welding                  |
| <input type="checkbox"/> Cabinet/millwork         | <input type="checkbox"/> Glass/glazing        | <input type="checkbox"/> Pool maint/repair    | <input type="checkbox"/> Well drilling            |
| <input type="checkbox"/> Concrete forming/placing | <input type="checkbox"/> Insulating           | <input type="checkbox"/> Reinforcing steel    | <input type="checkbox"/> Other (Misc.)            |
| <input type="checkbox"/> Demolition               | <input type="checkbox"/> Irrigation sprinkler | <input type="checkbox"/> Roof waterproofing   | Type: _____                                       |
| <input type="checkbox"/> Drywall                  | <input type="checkbox"/> Low voltage          | <input type="checkbox"/> Sandblasting         |   |

**Action:**  New     Mobile     Transfer of ownership     Transfer of location

Application date: \_\_\_\_\_

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

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

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

Business Address: \_\_\_\_\_

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

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

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

**Ownership / location transfers only:**

Previous owner or 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: \_\_\_\_\_

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

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

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

Notary signature: \_\_\_\_\_

Personally known     Produced ID: \_\_\_\_\_

**OFFICE USE ONLY**

**BUSINESS TAX FEES:**

Pro-rated annual fee: \_\_\_\_\_

Transfer fee: \_\_\_\_\_

Delinquency fee: \_\_\_\_\_

Non-conformance penalty: \_\_\_\_\_

**TOTAL FEES DUE/COLLECTED:** \_\_\_\_\_

Business Tax Receipt #: \_\_\_\_\_

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

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

**Required back-up documents:**

- Copy of state name registrations (corporation/LLC/fictitious name) [www.sunbiz.org](http://www.sunbiz.org)
- Copy of lease, deed or Monroe County property card (if located in City of Key West)
- COI - Liability insurance & workers comp w/City of KW as certificate holder (or workers comp exemption)
- Copy of Business Tax Receipt from base jurisdiction
- Copy of competency card from testing jurisdiction