

BUSINESS TAX RECEIPT APPLICATION

STATE-LICENSED 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

AC Class A AC Class B Alarm Systems I Alarm Systems II Asbestos Building Electrical	Gen'l Contractor Mechanical Mobile Home Install Mold Remediator Plumbing Pollutant Storage	Pool/Spa (Residential) Pool/Spa Servicing Registered Elevator Residential Roofing Sheet Metal	Underground utility Other (Misc.) Type: Non-DBPR state-licensed Fire Equipment Fire Sprinklers Liquified Petroleum
Action: New	Mobile Trans	fer of ownership Tra	ansfer 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 trans	sfers only:		
Previous owner or previous	location:		
Chapter 66, City of Key W below, I certify that the ab and correct. Signature: Date: Notary: State of The foregoing instrument this day of Notary signature:	ot is being issued in accordance we lest Municipal Code. By signing ove information is true, complete, , County of was acknowledged before me or, 20 by Produced ID:	BUSINESS TAX FEES: Pro-rated annual fee: Transfer fee: Delinquency fee: Non-conformance pe TOTAL FEES DUE/CO	#:
Required back-up documents: Copy of state name registrations (corporation/LLC/fictitious name) 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 State Contractor License			