



# BUSINESS TAX RECEIPT PROPERTY RENTAL (TRANSIENT)

(Revised 12/16/2019)

**CITY OF KEY WEST**

PO Box 1409 (1300 White St.)

Key West, FL 33041

(305) 809-3955

licensing@cityofkeywest-fl.gov

<b>Action:</b> <input type="checkbox"/> New <input type="checkbox"/> Transfer of ownership	<b>Unit Information:</b> Parcel (RE) #: _____ <input type="checkbox"/> # Rooms <input type="checkbox"/> # Bedrooms <input type="checkbox"/> # Kitchens <input type="checkbox"/> # Parking <input type="checkbox"/> Gross sq. footage	<b>Rental Type:</b> <input type="checkbox"/> Hotel/Motel/Timeshare (\$16.80/unit) <input type="checkbox"/> Guesthouse/Bed & Breakfast (\$16.80/unit) <input type="checkbox"/> Residential (\$29.40/unit) <input type="checkbox"/> Other: _____
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**# Units:**  
\_\_\_\_\_

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

Property Address: \_\_\_\_\_

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

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

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

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

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

Company or person that will be operating the property's transient accommodations on a 24-hour basis:  
Name / address / phone #: \_\_\_\_\_

**Ownership transfers only:**

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

<p>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.</p> <p>Signature: _____</p> <p>Date: _____</p> <p><b>Notary:</b> State of _____, County of _____</p> <p>The foregoing instrument was acknowledged before me on this _____ day of _____, 20____ by _____</p> <p>Notary signature: _____</p> <p><input type="checkbox"/> Personally known    <input type="checkbox"/> Produced ID: _____</p>	<p style="text-align: center;"><b><u>OFFICE USE ONLY</u></b></p> <p><b>BUSINESS TAX FEES:</b></p> <p>Pro-rated annual BTR fee: _____</p> <p>Transfer fee: _____</p> <p>Delinquency fee: _____</p> <p>Non-conformance penalty: _____</p> <p>Medallion fee: _____</p> <p><b>TOTAL FEES DUE/COLLECTED:</b> _____</p> <p>Business Tax Receipt #: _____</p> <p>Medallion License #: _____</p> <p>Medallion #: _____</p> <p>Licensing Rep: _____</p> <p>Date: _____</p>
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**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

Copy of State Rental License [www.myfloridalicense.com](http://www.myfloridalicense.com)

Copy of state sales tax resale certificate [www.floridarevenue.com](http://www.floridarevenue.com)

Copy of City of Key West fire inspection (305) 809-3933