



BUSINESS TAX RECEIPT

MISCELLANEOUS

(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

Type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Airline (\$150.00) | <input type="checkbox"/> Hospital (\$694.00) | <input type="checkbox"/> Rentals (Non-Motor) (\$150.00) |
| <input type="checkbox"/> ATM (\$201.00/unit) | <input type="checkbox"/> Insurance Co (\$323.00) | <input type="checkbox"/> Sightseeing Veh. (\$341.00/unit) |
| <input type="checkbox"/> Bank (\$1214.00) | <input type="checkbox"/> Manufacturing (\$213.00) | <input type="checkbox"/> Slip Rental (Dry) (\$3.59/unit) |
| <input type="checkbox"/> Coin-Op (Laundry) (\$7.23/unit) | <input type="checkbox"/> Publication (Daily) (\$341.00) | <input type="checkbox"/> Slip Rental (Wet) (\$16.80/unit) |
| <input type="checkbox"/> Coin-Op (Non-Lndry) (\$11.29/unit) | <input type="checkbox"/> Publication (Periodical) (\$178.00) | <input type="checkbox"/> Transportation Co (\$213.00) |
| <input type="checkbox"/> Entertainment Estab. (\$295.00) | <input type="checkbox"/> Radio Station (\$213.00) | <input type="checkbox"/> Utility/Comm. Svc. (\$1389.00) |
| <input type="checkbox"/> Gas Station (\$295.00) | <input type="checkbox"/> Rentals (Motor-Driven) (\$213.00) | <input type="checkbox"/> Yard Maintenance (\$108.00) |
| <input type="checkbox"/> Miscellaneous (\$108.00): _____ | | |

Add'l permits: Mobile Service Home Occupation Sign over right-of-way

Action: New Transfer of ownership Transfer of location

Application date: _____

Number of Units: _____ (ATM / Coin-Op / Motor-Driven & Non-Motor-Driven Rentals / Sightseeing / Slip Rentals)

Business Name: _____

Business Owner: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

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

Ownership/Location transfers only:

Previous owner or previous location: _____

OFFICE USE ONLY

BUSINESS TAX FEES:

Pro-rated annual BTR fee: _____

Transfer fee: _____

Delinquency fee: _____

Non-conformance penalty: _____

TOTAL FEES DUE/COLLECTED: _____

Business Tax Receipt #: _____

Licensing Rep: _____

Date: _____

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: _____

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

Copy of state license or liability insurance, if applicable

Copy of Bill of Sale (transfers only)