



BUSINESS TAX RECEIPT APPLICATION SPECIALTY CONTRACTOR

(Revised 07/02/2021)

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"/> Gen'l engineering | <input type="checkbox"/> Pool maint/repair | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Concrete forming/placing | <input type="checkbox"/> Glass/glazing | <input type="checkbox"/> Reinforcing steel | <input type="checkbox"/> Well drilling |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Insulating | <input type="checkbox"/> Roof waterproofing | <input type="checkbox"/> Other (Misc.) |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Irrigation sprinkle | <input type="checkbox"/> Sandblasting | Type: _____ |
| | <input type="checkbox"/> Low voltage | | |

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
- 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