



# BUSINESS TAX RECEIPT APPLICATION FOOD SERVICE

(Revised 02/15/2023)

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

<p><b>Number of seats:</b></p> <p><input type="checkbox"/> Catering / 0 seats (\$157.00)    <input type="checkbox"/> 41-60 seats (\$309.00)</p> <p><input type="checkbox"/> 1-15 seats (\$157.00)    <input type="checkbox"/> 61-120 seats (\$358.00)</p> <p><input type="checkbox"/> 16-40 seats (\$223.00)    <input type="checkbox"/> 121+ seats (\$435.00)</p>	<p><b>Add'l permits:</b></p> <p><input type="checkbox"/> Dogs permitted in food service establishment</p> <p><input type="checkbox"/> Entertainment (live or amplified music)</p> <p><input type="checkbox"/> Sign over right-of-way</p>
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**Action:**     New     Transfer of ownership     Transfer of location

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

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: \_\_\_\_\_

<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 fee: _____</p> <p>Transfer fee: _____</p> <p>Delinquency fee: _____</p> <p>Non-conformance penalty: _____</p> <p><b>TOTAL FEES DUE/COLLECTED:</b> _____</p> <p>Business Tax Receipt #: _____</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 sales tax certificate [www.florida-revenue.com](http://www.florida-revenue.com)

Copy of state food service license [www.floridahealth.gov](http://www.floridahealth.gov) / [www.freshfromflorida.com](http://www.freshfromflorida.com)

Copy of fire inspection (305) 809-3933

Copy of occupancy load inspection (305) 809-3933

Copy of existing seat plans ( 15 sq ft per seat )

Copy of bill of sale (ownership transfers only)