BUSINESS TAX RECEIPT APPLICATION

RETAIL / WHOLESALE / MAIL ORDER

(Revised 06/16/2022)

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

Action: ___ New ___ Transfer of ownership ___ Transfer of location

Gross square footage of entire establishment:

___ 0-500 sq ft ($157.00)
___ 501-2000 sq ft ($223.00)
___ 2001-5000 sq ft ($309.00)
___ 5001-10,000 sq ft ($510.00)
___ 10,001-25,000 sq ft ($728.00)
___ 25,001+ sq ft ($1093.00)

Add'l permits:

___ Home occ (on-line sales only)
___ Custom wearing apparel
___ Cosmetics
___ Sign over right-of-way

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: _____

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: _____

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 sales tax certificate www.floridarevenue.com
___ Copy of DOH medical marijuana treatment facility authorization, if applicable www.floridahealth.gov
___ Copy of bill of sale (ownership transfers only)