BUSINESS TAX RECEIPT APPLICATION

RETAIL / WHOLESALE / MAIL ORDER

(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

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

Gross square footage of entire establishment:

___ 0-500 sq ft ($150.00)
___ 501-2000 sq ft ($213.00)
___ 2001-5000 sq ft ($295.00)
___ 5001-10,000 sq ft ($486.00)
___ 10,001-25,000 sq ft ($694.00)
___ 25,001+ sq ft ($1041.00)

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)**