



BUSINESS TAX RECEIPT APPLICATION FOOD SERVICE

(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

<p>Number of seats:</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>Add'l permits:</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: _____ Date: _____</p> <p>Notary: State of _____, County of _____ The foregoing instrument was acknowledged before me on this _____ day of _____, 20__ by _____ Notary signature: _____ <input type="checkbox"/> Personally known <input type="checkbox"/> Produced ID: _____</p>	<p><u>OFFICE USE ONLY</u></p> <p>BUSINESS TAX FEES:</p> <p>Pro-rated annual fee: _____</p> <p>Transfer fee: _____</p> <p>Delinquency fee: _____</p> <p>Non-conformance penalty: _____</p> <p>TOTAL FEES DUE/COLLECTED: _____</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
- Copy of lease, deed or Monroe County property card
- Copy of state sales tax certificate www.floridarevenue.com
- Copy of state food service license www.floridahealth.gov / www.freshfromflorida.com
- Copy of fire inspection (305) 809-3933
- Copy of bill of sale (ownership transfers only)