



# BUSINESS TAX RECEIPT

## MISCELLANEOUS

(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

**Type:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Airline (\$157.00)                 | <input type="checkbox"/> Hospital (\$728.00)                 | <input type="checkbox"/> Rentals (Non-Motor) (\$157.00)   |
| <input type="checkbox"/> ATM (\$211.00/unit)                | <input type="checkbox"/> Insurance Co (\$339.00)             | <input type="checkbox"/> Sightseeing Veh. (\$358.00/unit) |
| <input type="checkbox"/> Bank (\$1274.00)                   | <input type="checkbox"/> Manufacturing (\$223.00)            | <input type="checkbox"/> Slip Rental (Dry) (\$3.76/unit)  |
| <input type="checkbox"/> Coin-Op (Laundry) (\$7.59/unit)    | <input type="checkbox"/> Publication (Daily) (\$358.00)      | <input type="checkbox"/> Slip Rental (Wet) (\$17.64/unit) |
| <input type="checkbox"/> Coin-Op (Non-Lndry) (\$11.85/unit) | <input type="checkbox"/> Publication (Periodical) (\$186.00) | <input type="checkbox"/> Transportation Co (\$223.00)     |
| <input type="checkbox"/> Entertainment Estab. (\$309.00)    | <input type="checkbox"/> Radio Station (\$223.00)            | <input type="checkbox"/> Utility/Comm. Svc. (\$1458.00)   |
| <input type="checkbox"/> Gas Station (\$309.00)             | <input type="checkbox"/> Rentals (Motor-Driven) (\$223.00)   | <input type="checkbox"/> Yard Maintenance (\$113.00)      |
| <input type="checkbox"/> Miscellaneous (\$113.00): _____    |  |   |

**Add'l permits:**  Mobile Service  Home Occupation  Sign over right-of-way

**Action:**  New  Transfer of ownership  Transfer of location

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

Number of Units: \_\_\_\_\_ (ATM / Coin-Op / Motor-Driven & Non-Motor-Driven Rentals / Sightseeing / Slip Rentals)

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 BTR 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](http://www.sunbiz.org)

Copy of lease, deed or Monroe County property card

Copy of state license or liability insurance, if applicable

Copy of Bill of Sale (transfers only)