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MONROE COUNTY,
FLORIDA APPLICATION FOR
LOCAL BUSINESS TAX

PLEASE PRINT OR TYPE

New (Rev. 5/10)
 Transfer
 Renewal

Date _____

1. TRADE NAME _____
(The name under which this business is to be known)
2. OWNERS NAME(S) _____
(If corporation, also include name of President or Vice President)
3. TYPE OF BUSINESS _____
(Briefly describe nature of business)
4. ACTUAL LOCATION OF BUSINESS _____
5. MAILING ADDRESS OF BUSINESS _____
6. BUSINESS PHONE NUMBER _____
7. NAME AND ADDRESS OF PERSON RESPONSIBLE FOR TANGIBLE PERSONAL PROPERTY TAX _____

8. BUSINESS OWNER'S RESIDENCE PHONE NUMBER _____
9. BUSINESS OWNER'S RESIDENCE ADDRESS _____
10. PROPERTY OWNER'S NAME _____
11. LEGAL DESCRIPTION OF PROPERTY _____
12. ALTERNATE KEY AND RE NUMBER OF PROPERTY _____

APPLICANT'S SIGNATURE _____
SOCIAL SECURITY OR FID NUMBER _____

INSERT BELOW THE NUMBER REQUESTED (If applicable):

FOR A PUBLIC SERVICE, MANUFACTURING, CONTRACTOR'S LICENSE, OR RETAIL:
THE NUMBER OF EMPLOYEES: _____

FOR AN APARTMENT, CONDO, HOUSE, COMMERCIAL RENTALS OR HOTEL, MOTEL LICENSE:
THE NUMBER OF UNITS: _____

TRANSIENT: _____ NON-TRANSIENT: _____
(Copy of State Hotel & Restaurant Commission License must accompany this application)

RESTAURANT: NUMBER OF SEATS: _____
(Copy of State Hotel & Restaurant Commission, License and copy of Monroe County Health Dept. Inspection must accompany application)

VENDING MACHINES: MERCHANDISE, AMUSEMENT AND LAUNDRY (Coin operated service)
NUMBER OF MACHINES: _____ TYPES OF MACHINES: _____

PROFESSIONAL LICENSE: _____
(You must include the number of your stat of Florida License or Registration Number.)

CERTIFICATE OF COMPETENCY NUMBER OF CONTRACTORS' _____

STATE OF FLORIDA SALES TAX NUMBER _____

IF YOU PAY ANY BUSINESS TAX TO ANY CITY IN MONROE COUNTY
INSERT LICENSE NUMBER _____

**WE MUST HAVE A COPY OF YOUR CORPORATE PAPERS OR PROOF OF
FICTITIOUS NAME BEING RECORDED WITH STATE OF FLORIDA**