

Monroe County Business Tax Application
P.O. Box 1129
Key West, FL 33041
305-295-5063 or 305-295-5060
Fax 305-295-5020
www.monroetaxcollector.com
patwell@monroetaxcollector.com or jroberts@monroetaxcollector.com

New: Transfer: Modify: Account number: _____
FEIN\SSN: _____
Business name (d/b/a): _____
Corporate or LLC name: _____
Business Address: _____
Business Mailing: _____
Business Phone: _____ Business Email: _____
Type of business: _____ Number of Employees (including owners) _____
State License (DBPR): _____ Monroe County Cert. of Competency: _____
Dept. Of Agriculture: _____ Monroe County Health Dept. Permit: _____
Restaurant Seats: _____
FL Boat Registration numbers: _____ Captain's License number: _____
Do you have vending, amusement or laundry machines? Yes ___ No ___ if yes, how many? _____
Owner Name: _____
Owner address: _____
(No P.O. Boxes)
Owner mailing address: _____
Owner phone: _____ Owner Email: _____

Rental Property – Residential & Commercial

Address: _____ Unit: _____
City: _____ State: _____ Zip: _____
Number of Units: _____
Transient _____ (rented less than 28 day) Non-Transient: _____ Parcel ID: _____

I acknowledge that by obtaining and/or paying for county taxes, that this is not confirming nor denying that the parcel in question is appropriately zoned to allow vacation rentals. If you have questions concerning the appropriate zoning, contact your local municipal or county planning department.

Applicants Signature: _____

Terms:

I warrant the truthfulness of the information provided in this application.

I understand that checking this box constitutes a legal signature confirming that I agree to the above terms of acceptance.