

Honorable Sam C. Steele, CFC
Monroe County Tax Collector
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.