

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 obtaining and/or paying county taxes, does not confirm nor deny that I meet all county and/or municipality planning, licensing (including contractor licensing) and zoning (including vacation rental or business) requirements. I will contact the Planning Department and Building Departments to make sure I am following local ordinances and requirements.

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.