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Monroe County Tax Collector
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Local Business Tax Application

New ___ Transfer ___ Renewal ___ Date: _____

Business Name: _____ Federal ID #: _____

Corporate Name: _____

Business Location Address: _____

Business Mailing Address: _____

City: _____ State: _____ Zip _____

Business Telephone #: _____

Type of Business: _____ Number of Employees _____

Restaurant-Number of Seats _____ State License: (DBPR) _____

County Comp Card # _____ Expiration Date: _____

State Cert. or Reg # _____ Expiration Date: _____

Do you have vending, amusement or laundry machines? ___ Yes or ___ No If yes, How Many _____

Drivers License: _____ Social Security # _____

Owner Name _____

Owner Address: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip _____

Owner Telephone: _____ Email _____

RENTAL LOCATION INFORMATION:

Address: _____ Unit # _____

City: _____ Zip: _____ Total Rental Units: _____

Alternate Key: _____ Tangible # _____

Name and address of person responsible for Tangible Tax: _____

- Transient (copy of State Hotel and Restaurant Commission License)
- Non-Transient

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 any questions concerning the appropriate zoning, please contact your local municipal or county planning department.

Applicant's 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 acknowledge and agree to the above Terms of Acceptance