



VILLAGE OF KEY BISCAYNE

Department of Building, Zoning and Planning

LOCAL BUSINESS TAX RECEIPT (LBTR)

Primary Business Activity (Please be specific): _____

Business Type:

Professional ____ Retail ____ Service ____ Contractor ____ Mfg. ____

Wholesale ____ Home Office ____ Vacation Rental ____ Other ____

Business Information:

Business Name: _____ Federal ID #: _____ - _____

Business DBA Name (if applicable): _____

Owner of the DBA Name (if applicable): _____

Business Location (actual address): _____

City: **Key Biscayne** State: **Florida** Zip: **33149** Folio #: 24- _____ - _____ - _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Business Telephone: () _____ Contact Person: _____

Business E-mail: _____ @ _____ . _____

Employees (including owners) ____

of Outdoor Seating ____ Permit applied: ____ Approved: ____ / ____ / ____

Indoor seats: ____ # Rooms: ____ # ATM's Units ____

Vending Machines ____ Other: _____

Ownership Information:

Name: _____

Address: _____ Phone () _____

E-mail: _____ @ _____ . _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH STATE, COUNTY OR CITY REGULATIONS.
I SWEAR THIS APPLICATION FOR A LOCAL BUSINESS TAX RECEIPT IS MADE FOR THE BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.

Signature: _____

Date: ____ / ____ / ____

