



VILLAGE OF KEY BISCAYNE
BUILDING, ZONING AND PLANNING DEPARTMENT
LOCAL BUSINESS TAX RECEIPT (LBTR)

APPLICATION FORM

Primary Business Activity: (Please be specific): _____

Business Type:

- | | | | | | |
|--------------|--------------------------------------|----------------|--------------------------------------|-----------------|-----------------------------------|
| Construction | <input type="checkbox"/> NAICS 23 | Manufacturing | <input type="checkbox"/> NAICS 31-33 | Wholesale Trade | <input type="checkbox"/> NAICS 42 |
| Retail Trade | <input type="checkbox"/> NAICS 44-45 | Transportation | <input type="checkbox"/> NAICS 48-49 | Information | <input type="checkbox"/> NAICS 51 |
| Finance | <input type="checkbox"/> NAICS 52 | Insurance | <input type="checkbox"/> NAICS 52 | Real Estate | <input type="checkbox"/> NAICS 53 |
| Rental | <input type="checkbox"/> NAICS 53 | Professional | <input type="checkbox"/> NAICS 54 | Technical | <input type="checkbox"/> NAICS 54 |
| Management | <input type="checkbox"/> NAICS 55 | Administrative | <input type="checkbox"/> NAICS 56 | Educational | <input type="checkbox"/> NAICS 61 |
| Health | <input type="checkbox"/> NAICS 62 | Arts | <input type="checkbox"/> NAICS 71 | Accommodations | <input type="checkbox"/> NAICS 72 |
| Food | <input type="checkbox"/> NAICS 72 | Other Services | <input type="checkbox"/> NAICS 81 | Non-Profit | <input type="checkbox"/> |

Business Information:

Business Name: _____

Federal ID #: _____ Folio #: 24- _____ - _____ - _____

Business Owner: _____

Business Address: _____ Key Biscayne, FL 33149

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Business Telephone: () _____ Contact Person: _____

Business E-mail: _____

Business DBA Name: _____ Ownership checked:

Employees (including owners): _____ # Contractors _____

Indoor seating: _____ # Of Outdoor Seating: _____ Approved:

Rooms: _____ # ATM's Units: _____ # Vending Machines: _____

Laundry Machines: _____ Other: _____

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 IS TRUE AND CORRECT.

Signature: _____

Date: ____/____/20____

FOR DERM USE ONLY:

FOR OFFICE USE ONLY:

ZONING REVIEW / APPROVAL:

DATE: ____/____/____

Property Zoning:

COMMERCIAL C1

OFFICE O-1

HOME OFFICE

HOTEL HR

PRIVATE CLUB PC

PUD-1 OC

PUD-2 GB

PUD-3 KC

OTHER _____

COMMENTS: _____

PREVIOUS DERM APPROVAL: ID: _____ OL _____ FOR: _____

ISSUED TO: _____ DATE: ____/____/20____

COMMENTS / LIMITATIONS: _____

CERTIFICATE OF USE #: _____

SERIAL NUMBER: _____

Application Date: ____/____/20____

LBTR: _____

CU: \$ 120.00 CHECK #: _____

LBTR: \$ _____ CVN: \$ 250

TOTAL: \$ _____

Documentation received:

Articles of Incorporation:

FEIN:

Lease:

Warranty Deed Recorded:

Letter of Authorization:

DBPR Professional License:

DBPR A & B License:

Type: _____

DBPR H & R License:

DBPR VR License:

Department of Health:

Rental Contract:

Miami Dade County BT

Other certification: