

## VILLAGE OF KEY BISCAYNE

Department of Building, Zoning and Planning

## LOCAL TAX RECEIPT / LICENSED PROFESSIONALS

APPLICANT INFORMATION:					
Name (Please Print):	:	Professional License #:			
Mailing Address:		City:	State: _	Zip Code:	
Phone:	Cellular :	Email Address:			
LICENSE LOCATION:		2			
Name of Company:					
Address:		City	State: _	Zip Code:	
Phone:		Contact Person:			_
I SWEAR THIS APPLICATION FOR A PROFESSIONAL TAX RECEIPT IS MADE FOR THE BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.					
ignature:			Date:	Date:	
FOR OFFICE USE ONLY					
Application Date:			F	ee Charge:	
Occupational License Number: L0			С	heck #:	