



REC'D  
AUG 11 2014  
CITY MANAGER

VIA ELECTRONIC MAIL TO: [jscholl@keywestcity.com](mailto:jscholl@keywestcity.com)

August 11, 2014

Jim Scholl, City Manager  
City of Key West  
P.O. Box 1409  
Key West, FL 33041

RE: Request for Transfer of Mobile Vendor License  
Ruth Boyette  
Control No.: 12788  
Decal No.: 65

Dear Jim:

I represent Ruth Boyette, the owner and holder of the above-referenced City of Key West Mobile Vendor License. Ms. Boyette desires to transfer ownership of this license due to a medical disability. Therefore, pursuant to §18-325(d), Key West City Code, please consider this Ms. Boyette' sworn statement of the same. Ms. Boyette' medical condition makes it impossible for her to use the Mobile Vendor License; and, she now lives out of the County. Therefore desires to transfer the same. The proposed transferee is Stuart Kemp.

We hope that this letter is sufficient for you to acknowledge that special circumstances exist beyond the mobile vendor licensee's control, and you will recommend approval of the transfer at the next City Commission meeting. Should you have any specific questions or other documents that you require, please contact me at your convenience.

Sincerely,

A handwritten signature in blue ink, appearing to read 'RMK', is written over a horizontal line. Below the signature, the text 'Richard M. Klitenick, Esq.' and '/RMK' are printed.

Richard M. Klitenick, Esq.  
/RMK

c: client  
City Attorney

\*\*\* ACKNOWLEDGMENT TO FOLLOW ON PAGE 2 \*\*\*

AUG 11 2014  
CITY MANAGER

I HEREBY AFFIRM THAT I HAVE READ THE FORGOING AND THE FACTS STATED THEREIN ARE TRUE AND CORRECT.

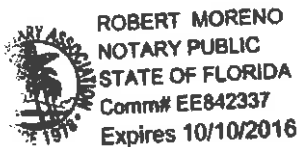
Ruth Boyette 8/6/14  
RUTH BOYETTE

STATE OF FLORIDA  
COUNTY OF Pinellas

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements in the State of Florida, RUTH BOYETTE, who is personally known to me; or, who produced Florida Drivers License as identification, to be the same person who executed the forgoing Statement, and she acknowledged to me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Pinellas County, State of Florida, on this 6 day of ~~July~~ 2014.  
August

(SEAL)



[Signature]  
Notary Public-State of Florida  
Commission Expires: 10/10/16



RECEIVED

AUG 13 2014

CITY MANAGER

VIA HAND DELIVERY

August 12, 2014

Jim Scholl, City Manager  
City of Key West  
P.O. Box 1409  
Key West, FL 33041

RE: Request for Transfer of Mobile Vendor License  
Ruth Boyette  
Control No.: 12788  
Decal No.: 65

Dear Jim:

Pursuant to yesterday's letter requesting transfer of the above-referenced MVL, enclosed please find *my firm's Operating Account Check number 251170 in the amount of ONE HUNDRED & 00/100<sup>ths</sup> DOLLARS (\$100.00)*, representing the application fee for this request.

Sincerely,

Richard M. Klitenick, Esq.

/RMK

Enclosure as stated

c: client

Larry Erskine, Esq.



**RICHARD M. KLITENICK, P.A.**  
 OPERATING ACCOUNT  
 1009 SIMONTON STREET  
 KEY WEST, FL 33040  
 305-292-4101

FIRST STATE BANK OF THE FL KEYS  
 KEY WEST, FL 33041  
 63-43/670

251170

8/12/2014

PAY TO THE  
 ORDER OF City of Key West

\$ \*\*100.00

One Hundred and 00/100\*\*\*\*\*

DOLLARS

City of Key West  
 P.O. Box 1409  
 Key West, FL 33041

MEMO

TRANSFER FEE-Boyette MVL

⑈ 251170 ⑈

RICHARD M. KLITENICK, P.A. / OPERATING ACCOUNT

251170

City of Key West

8/12/2014

100.00

OPERATING-NEW-F TRANSFER FEE-Boyette MVL

100.00