

The café and bar at Island House are set in lush tropical gardens beside the pool; guests dine under lazy palm fronds and rustling palms looking at the ocean and the trees and naked men in

the pool. The cuisine is creative and sophisticated with flavors from the Caribbean, Asia, America and the Mediterranean. The wine list is a "Wine Spectator" award-winner and yet the atmosphere is as comfortable as can be - no attitude, no pomp and circumstance.

Island House has been hailed as one of the best restaurants in Key West. Jon Allen and Martin Kay are the creative founders of this dreamlike setting but since its inception, their staff of sixteen have helped to make it what it is today. This group works together like no ordinary restaurant team. They have formed a close family and take tremendous pride in making guests feel at home.

Food is served continuously all day and all night. We try to say yes to all special requests, whether for breakfast in the afternoon or your special diet, please just ask. We look forward to serving you.



Island House café+bar



café+bar

Cocktails

drink

Island House

eat

see our menus:
[breakfast \(pdf\)](#)
[lunch \(pdf\)](#)
[dinner \(pdf\)](#)
[snacks \(pdf\)](#)
[late-night \(pdf\)](#)
[wine list \(pdf\)](#)
[sweets \(pdf\)](#)
[beverages \(pdf\)](#)

[Previous](#) [Next](#)

TRADE NAME (D/B/A): ISCAN'S HOUSE

SECTION III - SALES TAX - To be completed by the Department of Revenue.

The named applicant for a license/permit has complied with Florida Statutes concerning registration for Sales and Use tax.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending October 2000 or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), F.S. (Not applicable if no transfer involved.)

2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Signed: Wanda E. Upst

November 2000 Permit processing
Permit sent per taxpayer
Department of Revenue Stamp

Title: Revenue Specialist III Coordinator

Date: December 28, 2000

00 DEC 28 PM 1:54
KEY WEST

Sales Use Tax # 54-03-043218-39/9 S.S. Lopez P99000038983

SECTION IV - ZONING - To be completed by the Zoning Authority governing your business location.

Street Address: 1129 Fleming St

City: Key West State: FL Zip Code: 33090

If this application is for the issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A" and "B". If zoning approval is not required, the applicant must complete section "B".

- A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series BEER approved for BEERS only, not in a restaurant setting alcoholic beverage or wholesale tobacco license.

Signed: Tom Fisher

Title: Deputy

Date: 12/28/99

- B. Is the location within the limits of an "Incorporated City or Town?" YES [☒] NO [☐]

If "YES", enter name of City or Town.....

Key West

SECTION V - HEALTH - to be completed by the Division of Hotels and Restaurants or County Health Authority or Department of Health and Rehabilitative services or the Department of Agriculture & Consumer Services, whichever is applicable.

Address: 1129 FLEMING ST KEY WEST

The above establishment Complies with the requirements of the Florida Sanitary Code.

Signed: Robert J. Burkner

Date: 1/3/01

Title: SANITATION AND SAFETY

SPECIALIST

Agency: DIVISION OF HOTELS AND RESTAURANTS

G. OF KEY WEST
CITY HALL ANNEX
634 SIMONTON ST.
P.O. BOX 1409
KEY WEST, FL 33041
(305) 292-8131

OCCUPATIONAL LICENSE APPLICATION

50011032013
LICENSE #
DATE ISSUED 25-91
MACHINE # M-1-7012

PERIOD BEGINNING _____ ENDING _____
(Sundries, T-shirts)

TYPE OF LICENSE: UPGRADE TO MERCHANT, STOCK LESS THAN
BUSINESS NAME: T. CHIND HOUSE E 1,000.
BUSINESS LOCATION: 1129 FLEMING ST.
BUSINESS OWNER: T. CHIND HOUSE 1989 T.C.
AGENT: JOCK FOWLER (OWNER)
MAILING ADDRESS: 536 G. ST.
PHONE NUMBER: BUSINESS 291-6284 HOME 294-6284

STATE OF FLORIDA
COUNTY OF MONROE

Before me, an officer duly authorized by Law to administer oaths, personally appeared the above named applicant, or the duly authorized representative of the above named person, firm, or corporation, who states an oath that the above named person, firm, or corporation, who states an oath that the above and foregoing statements are true and correct.

Subscribed and sworn to before me, this

1 day of Feb A.D., 1991

Signature of Applicant

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

(SEAL) MY COMMISSION EXPIRES:

OFFICE USE ONLY

SALES TAX NUMBER 54 0302 306785

3118 Flagler 296-3211 2926755

FLORIDA DISPOSAL

1904 Flagler 294-3787

LEASE/DEED/LETTER OF AUTHORIZATION

SANITATION INSPECTION

Monroe County Health Unit

Jr. College Rd. 294-1021 (PINK SLIP)

INSURANCE LIMITS:

HP STATEMENT ENCLOSED

CO/FINAL INSPECTION

OTHER zoning

SEWER FLOW CW 8

ACCT # 10070015010 BALANCE _____

ACCT # _____ BALANCE _____

WASTE UNITS _____

ACCT # _____ BALANCE _____

PREVIOUS USE _____

Licensed under Chapter 91, Section 91-25

Category 3E A Code _____
Fee 100.00 Prorate 50.00

Approved _____ Denied/Reason: _____

License Official

Date

Chief Licensing Official
City Manager Designee

Date

Ted said OK as necessary to
allow the business to open to the public.

CITY OF KEY WEST, FLORIDA

OFFICE MEMORANDUM

DATE

9-28-84

TO:

Purie Hovanitz

FROM:

Peter Horton

SUBJECT:

Island House 1127-29 Fleming St.

On 9-27-84 Blackie Valdez and I inspected the premises at the above address to determine the correct number of Apartments and rooms. The following is the count as determined by our inspection.

Building "A"

0 Apts

11 Rooms

Building "B"

14 Apts

5 Rooms

(1 owner occupied)

Building "C"

0 Apts

4 Rooms

Totals

14 Apts

(1 owner occupied)

20 Rooms

Pool
cafe

complementary
Cafe
12 seats

75
11
64



THE CITY OF KEY WEST
POST OFFICE BOX 1409
KEY WEST, FLORIDA 33041

October 23, 1986

James Stokes
James Camp
1129 Fleming Street
Key West, Florida 33040

Re: Island House Guesthouse

Dear Sirs:

The Code Enforcement Department at the City is inspecting properties and researching records to insure that all residential, transient, and commercial units have the appropriate sewer and solid waste accounts. To the best of our knowledge, Island House consists of 20 rooms (with no cooking facilities), 14 apartments (including 1 owner occupied), and 1 "in-house" cafe. The sewer and solid waste accounts you are presently paying are inadequate. Attached please find the City's Guesthouse Rate Policy, Commercial Swimming Pool Requirements, and a comparison of what accounts you presently have and accounts which you are required to have.

Please note that although City Policy is to charge an arrears of a period of 12 months for "lacking accounts" there is an exception made for Guesthouses with Occupational Licenses which accurately reflect the actual number of units. Island House fits in this category.

I will need a response within 10 days. Please do not hesitate to give me a call to discuss the accounts, or come by my office at the City Hall Annex (previously Southern Bell).

Sincerely,

Carolyn Walker

Carolyn Walker
Code Enforcement Research
294-3721 ext. 131

10/29

Spoke with Jim -
will call w/bn a

sent GH
Pool