

Dave Del Rosso
1001 18th St.
Key West, FL 33040

July 22, 2019

Attention:
Jim Scholl
City Manager

Dear Sir,

This letter is to inform you that I am applying to transfer my mobile vendor license to.

Jesse Blackmer
1016 Varella St.
Key West, FL 33040

under section 18-325 (d) of the Mobile Vendor Ordinance – Hardship. My circumstances are as follows:

- I am 71 years old and am unable to perform the actions necessary for the function of my portable juice stand without risking further bodily injury. The repetitive actions associated with the business have perpetrated chronic arthritic symptoms in my shoulders and right hip. The rigors of being a street vendor has taken its toll on my body and it would be unwise continue this activity in the future.
- My wife is 72 years old. Due to her deteriorating health condition she has had to relocate to the St. Petersburg area to be closer to premium health care. Her latest hospital visit was to have surgery and a hip replacement. I am having to be there to assist her in her recovery in this and any subsequent needs that she may have.
- I have had my Mobile Vendor license since 1979. Attached is a copy of a license which predates the 1986 amendment which made transferability restricted.

I have been a Key West resident, home owner, business owner and community member for the last 40 years. I hope you will take this into consideration while considering the transfer of this license.

I swear that all the information in this letter is true.

David W. Del Rosso 

David Cheong, M.D.
Andrew J. Cooper, M.D.
William C. Cottrell, M.D.
John E. Kilgore, M.D.
John M. McClure, M.D.
Thomas E. Odmark, M.D.
Richard Pigeon, M.D., Ph.D.
Michael L. Rothberg, M.D.



Thomas O. Schwab, M.D.
Craig A. Schwartz, M.D.
Jennifer Swaringen, M.D.
Nishin S. Tambay, M.D.
David P. Thompson, M.D.
David Whiddon, M.D.
Scott M. Wisotsky, M.D.
Ali Zahrai, M.D., MSc

Date: 7/9/2019

To Whom It May Concern:

Please be advised that Janis Stevens is/has been under my orthopedic care.

Janus is recovering from Total Hip Arthroplasty performed 06/03/19. She will need follow up appointments due to pain and discomfort as part of normal healing. Due to her discomfort, I believe it would be beneficial if her husband, David Del Rosso, was at home for the next 6 weeks to help her through her recovery.

A handwritten signature in black ink, appearing to read 'Chris Edelman', is written over a horizontal line.

Christopher Edelman, PA-C
for John E. Kilgore, M.D.

LICENSE YEAR	LICENSE NO.	AMOUNT	DATE PAID	RECEIPT NO.	LICENSE YEAR	LICENSE NO.	AMOUNT	DATE PAID	RECEIPT NO.
1976-77					1983-84	2289	100.00	9/27/83	894
1977-78					1984-85	2289	100.00	10-23-84	2-252
1978-79					1985-86	2289	100.00	1/3/86	2-4465
1979-80					1986-87				
1980-81	6541	37.53	25/18-1/9/81	2220	1987-88				
1981-82	8797	100.00	8-18-81	00227					

#1411

BUSINESS NAME: Key West, Fl. 33041

ADDRESS: 727 B Bisenhower Dr.

TYPE OF LICENSE: DEAL 33

OWNER'S NAME: David William DeRosso

TYPE OF LICENSE: Lunch stand, mobile unit

Address: 50 528 Shinnick St
P.O. Box 430 P.O. Box 777 11/12/85

LICENSE YEAR	LICENSE NO.	AMOUNT	DATE PAID	RECEIPT NO.	LICENSE YEAR	LICENSE NO.	AMOUNT	DATE PAID	RECEIPT NO.
1976-77					1982-83	2835	60.00	9/27/82	1567
1977-78					1983-84	1203	60.00	9/23/83	1-3205
1978-79	6061	25.00	12/6/78	2069	1984-85	1203	60.00	11/8/84	2-272
1979-80					1985-86	1203	60.00	11-12-85	24228
1980-81					1986-87				
1981-82					1987-88				

LICENSE YEAR
1984-1985

OCCUPATIONAL LICENSE City of Key West, Florida

No. 11203

NO REFUNDS

THE PAID LICENSE MUST BE PROMINENTLY DISPLAYED.

LICENSE PERIOD BEGINNING 10/01/84 THROUGH 09/30/85

PENALTY SCHEDULE			
60.00	66.00	69.00	72.00
LICENSE FEE	OCTOBER	NOVEMBER	DECEMBER
			75.00
			JANUARY

PAST DUE SEPTEMBER 30, 1984
P.O. Box 430 #026

BUSINESS ADDRESS:

528 GRINNELL ST

TYPE

144 LUNCH STAND (NO COOKING)

LICENSE

MOBILE UNIT

BUSINESS NAME

DAVID WM DELROSSO

OWNER

ADDRESS: 202 JAMISON AVE

CITY: ELLWOOD CITY, PA 16117

FINANCE DEPARTMENT
DIVISION OF REVENUE

BY *Dotilda Corona*

MAKE CHECK PAYABLE TO: THE CITY OF KEY WEST
LICENSE WILL BE ISSUED

TO: THE CITY OF KEY WEST, DIVISION OF REVENUE, P.O. BOX 1550, KEY WEST, FLORIDA 33040

003777

ACKNOWLEDGMENT

STATE OF Florida

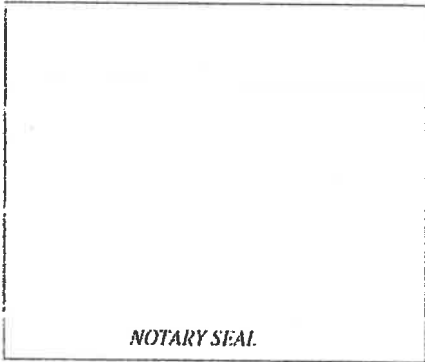
COUNTY OF Monroe

On 7/22/19 before me, CLARA TAYLOR, NOTARY PUBLIC, personally appeared
(DATE) NAME, TITLE OF OFFICER E.G. NOTARY PUBLIC

David W. Del Roso

NAME(S) OF SIGNERS

personally known to me or _____ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Clara Taylor
SIGNATURE OF NOTARY

MY COMMISSION EXPIRES ON: 3/22/2022

Description of Attached Document:

Title or Type of Document: Transfer Lending License

Document Date: 7/22/2019 Number of Pages: four

Signers Other Than Named Above: None