



BUSINESS SERVICES – REVENUE DIVISION
123 W. Indiana Avenue • Room 103 • DeLand, FL 32720
(386) 736-5938 • Fax (386) 822-5729
www.volusia.org/revenue

Four Digit Account #

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Office Use Only

WHERE TO APPLY: Mail or deliver the completed application to the County of Volusia, Revenue Division office above. Office hours are Monday through Friday, 8 a.m. - 5 p.m.

Application for Volusia County Tourist Development Tax Account

Owner Information: **Please Type or Print**

Business Name (If Applicable) _____

Owner(s) Name(s) _____

Contact Person Remitting Tax _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax _____

Email Address _____

Type of Rental Unit(s): **Check only one type**

- ☐ Condominium
☐ Single Family Home
☐ Apartment
☐ Hotel/Motel/Inn/Bed & Breakfast >200 Rooms
☐ Hotel/Motel/Inn/Bed & Breakfast <200 Rooms
☐ Management/Real Estate Company
☐ Timeshare
☐ Mobile Home/Trailer Park
☐ Campground

Real Estate Account/Parcel #: _____

Rental Property Information

Property Address **(If mgmt co. please complete attached form)** _____

Suite # or Unit # _____

City _____ State _____ Zip _____

***Please check local zoning and/or HOA requirements before renting to make sure your property is zoned for short term rentals.**

Number of Units: _____

Rental Start Date: _____

State Sales Tax ID #: _____
(This is required to complete the application process)

Social Security/FEIN #: _____
***Applicants Social Security or FEIN number is collected pursuant to F.S. 212.18(3)(a).**

Bank Information

Bank Name: _____

Routing #: _____

Account #: _____
***Bank info is required for registration to be complete. We will not use this information except if the account becomes delinquent and a levy is filed according to F.S. Chapters 212 & 213**

Volusia County Business Tax Receipt #: _____
(Not applicable for unit(s) being rented by the owner)

Reporting Frequency:

- ☐ **Monthly** – If you are renting your property every month and your Sales Tax collected annually is more than \$1,000.00 you must file returns by the 20th of the month following collections.
- ☐ **Quarterly** – If your Sales Tax Collected annually is less than \$1,000.00 you can choose to file returns each quarter. Jan-Mar due by April 20th, April-June due by July 20th, July-Sept due by Oct 20th, Oct-Dec due by Jan 20th
- ☐ **Seasonal** – If you only rent for specific months each year, ex: Jan-Apr, Special Events, etc. You may choose to do seasonal filing. Please specify the months you will be renting: _____

Signature of Owner/Agent: _____ Date: _____

**Application for Collective Registration
for Short-term Rental of Living or Sleeping Accommodations**

PURPOSE OF APPLICATION: This application allows an agent, representative, or management company to register multiple, separately owned properties located in Volusia County for the purpose of collecting Tourist/Convention Development tax on short-term rentals of living or sleeping accommodations. The accommodations must be properties for which the agent collects taxable rent on each owner's behalf.

SHORT-TERM RENTAL: Renting, leasing, letting, or granting licenses to others to use living or sleeping accommodations for periods of six months or less.

WRITTEN AGREEMENT REQUIRED: The agent must maintain on file a written agreement with the property owner to register on the owner's behalf. A suggested format of the written agreement is provided below.

PROPERTY OWNER INFORMATION: Because the property owner is ultimately responsible for the tax collected, all information about the property owner is required. The agent may attach a schedule instead of completing the Individual Property Location Information sections. The schedule must contain the same information as is required on this application.

Suggested format for rental property written agreement:

I, _____ (Name of Property or Time-Share Period Owner), hereby authorize _____ (Name of Agent, Representative, or Management Company) to act as my agent to rent, lease, let, or grant a license to others to use my described property (properties) or time-share period (periods) located at, _____ and to register to charge, collect, and remit tourist/convention development tax levied under Chapter 212, Florida Statutes (F.S.), to the County of Volusia. I acknowledge that, by renting, leasing, letting, or offering a license to others to use any transient accommodations, as defined in Rule 12A-1.061, Florida Administrative Code (F.A.C.), I am exercising a taxable privilege under Chapter 212, F.S., and as such acknowledge that I am ultimately liable for any tourist/convention development tax due the County of Volusia on such rentals, leases, lets, or licenses to use. I fully understand that should the County of Volusia be unable to collect any taxes, penalties, and interest due from the rental, lease, let, or license to use my property, a warrant for such uncollected amount will be issued and becomes a lien against my property until satisfied.

Signature of Property Owner/Lessor

Signature of Agent, Representative, or Management Company

Agent/Representative/Management Company

Name of Agent, Representative or Management Company		Four Digit County #
Mailing Address	City	State Zip Code
Name of Contact Person	Signature of Agent	Date
Contact Person's Telephone Number	Agent's Name Printed or Typed	Agent's Email Address

Individual Property Location Information

Name of Property Owner	Property owner's SSN or FEIN	Beginning Date of Management Agreement
Street Address of Property	City	State Zip Code
Condo/Motel/Hotel/Campground/ Etc. Name (If Applicable)	Owner's Email	
Property Owner's Mailing Address	City State Zip Code	Owner's Telephone Number

Application for Collective Registration for Short-term Rental of Living or Sleeping Accommodations

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Name of Agent, Representative or Management Company	Four Digit County #
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Individual Property Location Information

Name of Property Owner	Property owner's SSN or FEIN	Beginning Date of Management Agreement
Street Address of Property	City	State Zip Code
Condo/Motel/Hotel/Campground/ Etc. Name (If Applicable)	Owner's Email	
Property Owner's Mailing Address	City State Zip Code	Owner's Telephone Number

Individual Property Location Information

Name of Property Owner	Property owner's SSN or FEIN	Beginning Date of Management Agreement
Street Address of Property	City	State Zip Code
Condo/Motel/Hotel/Campground/ Etc. Name (If Applicable)	Owner's Email	
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