

COUNTY OF VOLUSIA
TOURIST DEVELOPMENT TAX
123 WEST INDIANA AVE., ROOM 103
DELAND, FL 32720-4602
(386) 736-5938 (386) 822-5729 FAX

FOUR DIGIT COUNTY
ACCOUNT #

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****CONFIDENTIAL****

REGISTRATION FORM
(PLEASE TYPE OR PRINT ALL INFORMATION & SIGN)

HOTEL, MOTEL, MANAGEMENT CO., REAL ESTATE CO., & CORPORATIONS

COMPANY NAME _____			
CONTACT PERSON _____		TELEPHONE NO. _____	
BUSINESS MAILING ADDRESS _____			
CITY _____	STATE _____	ZIP _____	COUNTY _____
RENTAL LOCATION ADDRESS (not required if multiple locations, check cities below) _____			
CITY _____			
CONDO/MOTEL/HOTEL/CAMPGROUND/ETC. NAME (IF APPLICABLE) _____			
FEDERAL EMPLOYER I.D. NO. (FEIN) _____			
SOCIAL SECURITY # _____			
FLORIDA SALES TAX # _____			
OFFICER'S INFORMATION:			
PRESIDENT _____		TELEPHONE NUMBER _____	
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
TREASURER _____		TELEPHONE NUMBER _____	
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
RENTAL ADDRESS LOCATIONS (CHECK ALL THAT APPLY):			
<input type="checkbox"/> ORMOND BEACH <input type="checkbox"/> HOLLY HILL <input type="checkbox"/> DAYTONA BEACH			
<input type="checkbox"/> DAYTONA BEACH SHORES <input type="checkbox"/> SOUTH DAYTONA			
<input type="checkbox"/> PORT ORANGE <input type="checkbox"/> PONCE INLET <input type="checkbox"/> WILBUR BY THE SEA			
<input type="checkbox"/> EDGEWATER <input type="checkbox"/> NEW SMYRNA <input type="checkbox"/> OAK HILL			
<input type="checkbox"/> PIERSON <input type="checkbox"/> DELAND <input type="checkbox"/> DELTONA <input type="checkbox"/> DEBARY			
<input type="checkbox"/> ORANGE CITY <input type="checkbox"/> LAKE HELEN <input type="checkbox"/> CASSADAGA			

Date Business Activity Began (MM/DD/YY) ___/___/___

TYPE OF RENTAL (PLEASE ALL THAT APPLY)

- HOTEL/MOTEL/INN/BED & BREAKFAST/ROOMING HOUSE > 200 ROOMS
 HOTEL/MOTEL/INN/BED & BREAKFAST/ROOMING HOUSE < 200 ROOMS
 CONDOMINIUM SINGLE FAMILY RESIDENCE/APARTMENT
 MOBILE HOME/TRAILER PARK CAMPGROUND
 MANAGEMENT /REALESTATE COMPANY

NUMBER OF RENTALS _____

BANK INFORMATION

BANK NAME _____
ROUTING# _____
ACCOUNT# _____

I hereby acknowledge that the information contained in this form is true and correct and that it is my responsibility to contact the County of Volusia, Finance Department in writing immediately if any of this information should changes.

APPLICANT'S SIGNATURE _____

TITLE _____ DATE _____

*Applicant's social security number or Federal Employer Identification Number is collected pursuant to F.S. 212.18(3)(a).

FOR OFFICE USE ONLY

REAL ESTATE PARCEL# _____
RE ALTERNATE KEY # _____
TANGIBLE PARCEL # _____
TPP ALTERNATE KEY # _____
BUSINESS TAX RECEIPT # _____
FLORIDA CORPORATION # _____

***If the property you are renting is located within the city limits, please contact your local City Zoning Office to make sure the property is zoned for short term rentals.**

***If the property you are renting is not located within the city limits, please contact the County Zoning Office at (386) 943-7059 to make sure the property is zoned for short term rentals.**