



BUSINESS SERVICES – REVENUE DIVISION
TOURIST DEVELOPMENT TAX
123 W INDIANA AVE ROOM 103
DELAND FL 32720
386-736-5938 • FAX: 386-822-5729
volusia.org/tdt
Revenue@volusia.org

Account Number

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Office Use Only

Application for Volusia County Tourist Development Tax Account

Account Information: Please Type or Print

Contact Name of person remitting tax

Billing Address

City State Zip

Telephone Number Fax Number

Email Address

Business Name – if applicable

Social Security Number/FEIN

***Social Security Number or FEIN is collected pursuant to F.S. 212.18(3)(a).**

State of Florida Sales Tax Identification Number

***Required.**

Rental Start Date

Bank Information:

Bank Name

Routing Number

Account Number

***Bank information is required. This information is only used if the account becomes delinquent and a levy is filed pursuant to F.S. Chapters 212 & 213.**

Rental Property Information:

Owner Name(s)

Address (If agent please fill out Application for Collective Registration)

Unit Number or Suite Number

City State Zip

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

Type of Rental Unit(s): Check only one

- ☐ 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/Mobile Home Park
- ☐ Campground

Number of Units

Real Estate Account/Parcel Number

Volusia County Business Tax Receipt Number

(Not applicable for units being rented by owner)

Reporting Frequency:

- ☐ **Monthly** – If the property is rented every month and Sales Tax collected annually is more than \$1,000.00, returns must be filed monthly by the 20th day of the month following collections. Example: a return for a January rental will be due by February 20.
- ☐ **Quarterly** – If Sales Tax collected annually is less than \$1,000.00, quarterly returns may be filed. Due dates: January-March, due by April 20; April-June, due by July 20; July-September, due by October 20; and October-December, due by January 20.

Signature of Owner/Agent

Date

Submit Completed Form:

Mail: Volusia County Revenue Division
Attn: TDT
123 W Indiana Ave Room 103
DeLand FL 32720

Fax: 386-822-5729

**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: The property owner is ultimately responsible for the tax collected, therefore 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 Account #	
Mailing Address	City	State	Zip
Name of Contact Person	Signature of Agent	Date	
Contact Person Telephone Number	Agent Name (Printed or Typed)		

Individual Property Location Information

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

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

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

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