

TREASURY AND BILLING DIVISION

125 W. New York Ave. Room 120 DELAND FL 32720 386-943-7085* FAX: 386-943-7086 http://www.volusia.org/treasury Treasury@volusia.org

Account Number					
Office Use Only					

Application for Volusia County Tourist Development Tax Account

Account Information: Please Type or Print	Rental Property Information:		
Contact Name of Person Remitting Tax	Owner/Business Name(s)		
Owner Mailing Address	Address (If agent please fill out Application for Collective Registration)		
Owner City Owner State Owner Zip	Unit Number or Suite Number		
Owner Telephone Number Contact Phone Number	City State Zip *Please check local zoning and/or HOA requirements before renting to make sure the		
Owner Email Address	parcel is zoned for short term rentals.		
Contact Email Address	Type of Rental Unit(s): Check only one Condominium Single Family		
Owner Social Security Number/FEIN *Social Security Number or FEIN is collected pursuant to F.S. 212.18(3)(a).	Home Apartment Hotel/Motel/Inn/Bed & Breakfast >200 Rooms Hotel/Motel/Inn/Bed & Breakfast		
State of Florida Sales Tax Identification Number *Required.	<200 Rooms Management/Real Estate Company Timeshare Mobile Home/Mobile Home Park		
Rental Start Date	Campground		
	Number of Units		
	Real Estate Account/Parcel Number		
	Airbnb / VRBO Listing Numbers (if applicable)		

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.			
Reporting Frequency:				
\$1,000.00, returns must be file Example: a return for a Januar Quarterly – If Tourist Tax collected a	ery month and Tourist Tax collected annually is more than ed monthly by the 20 th day of the month following collections. ry rental will be due by February 20. nnually is less than \$1,000.00, quarterly returns may be filed. Due y April 20; April-June, due by July 20; July-September, due by cember, due by January 20.			
Signature of Owner/Agent	Date			
Please contact your city and county zoning	not guarantee compliance with other state and local laws. Ing departments to determine whether short-term rentals are r area, and if so, for what duration.			

Fax: 386-943-7086

Submit Completed Form:

Mail: Treasury and Billing

Division Attn: TDT 125 W New York Ave Room 120

DeLand FL 32720