



J.R. KROLL

Seminole County Tax Collector

(407) 665-1000
SeminoleCounty.Tax
PO Box 630, Sanford, FL 32772

**SEMINOLE COUNTY TOURIST DEVELOPMENT TAX
APPLICATION FOR REPORTING
ACCOUNT NUMBER AND REPORTING FORMS**

THE SEMINOLE COUNTY TOURIST DEVELOPMENT TAX APPLIES TO ANYONE WHO OWNS,
OPERATES, OR IS AN AGENT OF TRANSIENT PROPERTY

BUSINESS INFORMATION

BUSINESS NAME: _____

OWNER NAME: _____

MAILING ADDRESS: _____

CITY _____ ST _____ ZIP _____

PHONE# (____) _____

PROPERTY INFORMATION:

PROPERTY NAME: _____

PROPERTY ADDRESS: _____

CITY _____ ST _____ ZIP _____

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

PHONE# (____) _____

FEDERAL EMPLOYER ID # _____

OR
SOCIAL SECURITY NUMBER* _____

(Social Security Numbers are used as unique identifiers for the administration of Florida's tax laws. They are confidential under Florida Statutes 119.0721 and 213.053, and are not subject to disclosure as public records.)

FLORIDA SALES TAX # _____

BUSINESS BANK: _____

(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.)

BANK ACCOUNT # _____

BANK ADDRESS: _____

CITY _____ ST _____ ZIP _____

SIGNATURE: _____

PRINT NAME: _____

PROPERTY MANAGEMENT INFORMATION

MANAGEMENT COMPANY NAME: _____

MAILING ADDRESS: _____

CITY _____ ST _____ ZIP _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE# _____

TYPE OF RENTAL FACILITY: _____

NUMBER OF UNITS: _____

REASON FOR FILING:

- NEW APPLICATION
- NEW BUSINESS
- CHANGE OF OWNERSHIP
- CHANGE OF LEGAL ENTITY
- CHANGE OF LOCATION
- CHANGE OF AGENT
- CHANGE OF MANAGEMENT COMPANY

IF CHANGE OF OWNERSHIP, LEGAL ENTITY OR BUSINESS LOCATION, COMPLETE:

REAL ESTATE PARCEL# _____

DATE OF CHANGE: _____

PERSONAL PROPERTY ACCOUNT# _____

COUNTY BUSINESS TAX RECEIPT # _____

FL CORP ID # (IF APPLICABLE): _____

TYPE OF BUSINESS ORGANIZATION:

- CORPORATION
- TRUST
- PROFESSIONAL ASSOCIATION
- INDIVIDUAL
- OTHER _____

DATE: _____

**RETURN TO:
SEMINOLE COUNTY TAX COLLECTOR
PO BOX 630
SANFORD FL 32772**