

INDIAN RIVER COUNTY, FLORIDA
TOURIST DEVELOPMENT TAX COLLECTION REGISTRATION FORM

PROPERTY INFORMATION

Unit Name _____

Street Address _____

Unit _____

City, State, Zip _____

Parcel ID # _____

Date of First Rental _____

Office use only *Account No.:* _____

Municipality: _____

TYPE OF BUSINESS ORGANIZATION:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Government |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Professional Association |

TYPE OF RENTAL:

- | | |
|---|--|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Mobile Home Park |
| <input type="checkbox"/> Boarding / Rooming | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Campground | <input type="checkbox"/> Recreational Vehicle Park |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Time Share |

NUMBER OF RENTAL UNITS: _____

Filing Frequency Preference: (please check one)

- Monthly Quarterly Semi-Annually Annually

Sales Tax Account No. _____

Contact Person: _____

Contact Phone Number: (_____) _____

EMAIL ADDRESS: _____

Applicants Signature

Date

*Return completed form to: Jeffrey R. Smith, Clerk of Circuit Court,
Attn: Irene Haas, P.O. Box 1028, Vero Beach, FL 32961*

OWNER INFORMATION

Name _____

Address _____

City, State, Zip _____

Phone Number: (_____) _____

DEALER INFORMATION

(If different from owner information.)

Name _____

Address _____

City, State, Zip _____

Phone Number: (_____) _____