



CITY OF INDIAN ROCKS BEACH
 1507 Bay Palm Boulevard
 Indian Rocks Beach FL 33785
 Ph 727/595-2517 Fax 727/596-4759

APPLICATION – BUSINESS TAX RECEIPT – SHORT TERM VACATION RENTAL

Transient public lodging establishment. A structure, which is rented to guests more than three (3) times in a calendar year for periods of less than thirty (30) days or more or one (1) calendar month, whichever is less, and which is advertised or held out to the public as a place rented to guests within the single family ("S"), medium density ("RM2"), and medium density duplex residential ("RM1") districts. A "transient public lodging establishment" shall be considered a non-residential, commercial business, whether operated for profit or as a not for profit and be subject to the additional requirements of this chapter if the transient public lodging establishment is additionally considered to operate as short term vacation rental as defined herein.

Completion or acceptance of an application for and issuance or payment of Business Tax Receipt does not constitute a determination by the City that the property for which the tax is being paid is in full compliance with applicable Federal, State and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

Business Tax Receipts renew annually and expire September 30th – Incomplete applications will be returned.

New Application - \$15.00

Non-refundable fee of \$15.00 for initial application plus \$10.00 per unit.

Note: the following is required prior to the issuance of a Business Tax Receipt:

Florida Department of Revenue Certificate, if applicable;

Florida Department of Business and Professional Regulation License, if applicable;

Transfer of current Tax Receipt (@ \$3.00 per unit)

Rental Property Address: _____

Property Owner(s): _____

Annual renewals are sent out as a courtesy to the address provided below:

Mailing Address: _____

Cell: _____ Home Phone: _____

E-mail: _____

_____ IF OWNER IS A CORPORATION OR PARTNERSHIP, PLEASE ATTACH PROOF OF VERIFICATION.
 In Florida, please go to www.sunbiz.org; Out of state, please refer to your state's website

To be completed by Staff

Date received: _____ Amount paid: \$ _____ Check Cash Credit Card

Requesting: _____

BTR # _____
 DBPR Lic. Rec'd: _____

Property Mgmt Co: Yes No

Do you have a Property Management company? [] Yes [] No
If yes, please complete below.

I authorize _____ to be my Property Management Company.

Management Company Address: _____

Rental Agent: _____

Office Number: _____

Rental Agent e-mail: _____

Property Owner Signature

Date

Please print name (Property Owner)

Property Owner Signature

Date

Please print name (Property Owner)

If you change Property Management Companies, please send a copy of this page with updated information to:

Finance Director
City of Indian Rocks Beach
1507 Bay Palm Boulevard
Indian Rocks Beach FL 33785

If you sell your property or are no longer renting, please notify the Finance Director, City of Indian Rocks Beach, so that we may close your account.

Ph: 727/595-2517
E-mail: coconnor@irbcity.com
or
eatkinson@irbcity.com

Attach one of the following to show ownership of the property:

_____ Updated profile page(s) from the Pinellas County Property Appraiser (www.pcpao.org)
OR
_____ Copy of **recorded** Warranty Deed

Rental property address: _____

Parcel ID # _____

Pinellas County Property Appraiser's website: www.pcpao.org

Zoning: [] "S" (Single Family) [] "RM 2" (Medium Density) [] "RM 1" (Medium Density duplex residential)

Property Description: [] Single Family [] Duplex [] Condo [] Other Describe: _____

Unit #: _____ SF (Living/Business Area): _____

Bedrooms: _____ SF (Total Under Roof): _____

Baths: _____

Designated Responsible Party:

(This requirement shall not apply in instances where the owner occupies a portion or division of the short term vacation rental as his or her primary residence.)

Name: _____

Address: _____

Phone #: _____

E-mail: _____

ALL PROPERTY OWNER(S) TO COMPLETE
(Print additional pages as needed)

I hereby certify that the information in the application is true and correct and that I am the owner of the property. By executing this application, I acknowledge that the property is subject to local, State and Federal laws and regulations. I acknowledge that the property and its intended use must comply with all applicable regulations.

I believe the subject property is in compliance with all applicable codes.

I understand that rental of a homesteaded property could result in loss of said homestead status and advantages. *(For further information, please refer to F.S. 196.061 and contact the Pinellas County Property Appraiser at 727/464-3207.)*

Completion or acceptance of an application for and issuance or payment of Business Tax Receipt for a Short Term Vacation Rental by the City of Indian Rocks Beach does not constitute a determination by the City that the property for which the tax is being paid is in full compliance with applicable Federal, State and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

Completion or acceptance of an application that the applicant will operate the Short Term Vacation Rental in compliance with all Codes including the City of Indian Rocks Beach Ordinance No. 2018-01.

Property Owner Signature

Date

Please print name (Property Owner)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20 ____ by _____

(Property Owner)

who is [] personally known to me or has produced _____ as identification.

Commission expires:

Signature of Notary

Per F.S. 205.0535(5) A Receipt may not be issued unless the Federal Employer Identification Number (FEIN) or Social Security number is obtained from the person to be taxed.

For your protection, this information is not entered into our database and is not available to the public.

Rental Property Address: _____

List all property owners followed by Social Security number or FEIN # below:

Not a U. S. citizen? Please provide Taxpayer Identification number: _____

For questions, please contact the Florida Department of Revenue at 1-800-829-4933.

To be completed by staff:

BTR # _____

Date Rec'd _____



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SHORT TERM BUSINESS TAX RECEIPT AFFIDAVIT
Local Vacation Rental Unit

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____
 (at rental unit)

Name of rental property: _____

Property Owner

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Cell): _____ Land line: _____

I/we attest to the following:
*(owner/agent must **initial** each item)*

- _____ The property complies with FEMA regulations limiting the use of ground level space.
- _____ That the property owner or agent has an active license from the Department of Business and Professional Regulation (DBPR) for use of the property as a public lodging establishment.
- _____ That the property owner or agent has an active resale certificate for sales tax issued by the State of Florida.
- _____ That the property owner or agent collects and remits the required Tourist Development Tax pursuant to Chapter 212, F.S.
- _____ That the short term vacation rental property complies with all ordinances of the City of Indian Rocks Beach.

 Owner/Agent Signature

 Date

 Owner/Agent Printed Name

Ord. No. 2018-01

STATE OF _____
COUNTY OF _____

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the state and county aforesaid to take acknowledgements, personally appeared _____ known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the county and state last aforesaid this _____ day of _____ 20____.

My Commission expires:

Notary Public

_____ Personally known

Produced identification:
