



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 Company, 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:  
eatkinson@irbcity.com  
or  
gkljucevic@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](http://www.pcpao.org))  
OR  
\_\_\_\_\_ Copy of **recorded** Warranty Deed

Rental property address: \_\_\_\_\_  
\_\_\_\_\_

Parcel ID # \_\_\_\_\_

*Pinellas County Property Appraiser's website: [www.pcpao.org](http://www.pcpao.org)*

Zoning: [ ] "S" (Single Family) [ ] "RM 2" (Medium Density) [ ] "RM 1" (Medium Density)  
( ) "CT" (Commercial Tourist) (Duplex Residential)  
\_\_\_\_\_

PROPERTY DESCRIPTION

( ) SINGLE FAMILY – BEDROOMS \_\_\_\_\_ ( ) DUPLEX – BEDROOMS · UNIT 1 \_\_\_\_\_ UNIT 2 \_\_\_\_\_

( ) CONDO · BEDROOMS \_\_\_\_\_

( ) MULTI FAMILY NUMBER OF UNITS \_\_\_\_\_

UNIT 1 · BEDROOMS \_\_\_\_\_ UNIT 4 · BEDROOMS \_\_\_\_\_

UNIT 2 · BEDROOMS \_\_\_\_\_ UNIT 5 · BEDROOMS \_\_\_\_\_

UNIT 3 · BEDROOMS \_\_\_\_\_ UNIT 6 · BEDROOMS \_\_\_\_\_

IF CLAIMING VESTING BENEFIT AS DESCRIBED IN CODE SEC 18-216 (b) 1,2,3 & 4 , PLEASE INITIAL  
HERE AND LIST MAXIMUM OCCUPANCY REQUESTED

\_\_\_\_\_

\_\_\_\_\_

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DESIGNATED RESPONSIBLE PARTY 24/7 EMERGENCY CONTACT SEC 18-215 (A)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

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

MUST BE SIGNED IN PRESENCE OF A NOTARY

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. 2023-02.

\_\_\_\_\_  
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

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Rental Property Address: \_\_\_\_\_

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List all property owners followed by last 4 digits of Social Security number or FEIN # below:  
If corporate owned or LLC list Registered Agent.

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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:

VRR # \_\_\_\_\_

Date Rec'd \_\_\_\_\_



CITY OF INDIAN ROCKS BEACH  
1507 Bay Palm Boulevard  
Indian Rocks Beach, FL 33708  
Ph 727/595-2517 [www.indian-rocks-beach.com](http://www.indian-rocks-beach.com)

**VACATION RENTAL REGISTRATION AFFIDAVIT**

**Local Vacation Rental Unit**

Address: \_\_\_\_\_ Unit#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone at Rental Unit: \_\_\_\_\_ Name of Rental Property: \_\_\_\_\_

**Property Owner**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**I/We attest to the following:**

(OWNER MUST INITIAL EACH ITEM)

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

**MUST BE SIGNED IN PRESENCE OF NOTARY**

\_\_\_\_\_  
Owner/Agent Signature                      Owner/Agent Printed Name                      Date

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\_\_\_\_  
(SEAL)

\_\_\_\_\_  
Notary Public    Commission Exp.

\_\_\_\_\_ Personally known to me      or      Identification Produced: \_\_\_\_\_

# VACATION RENTAL REGISTRATION

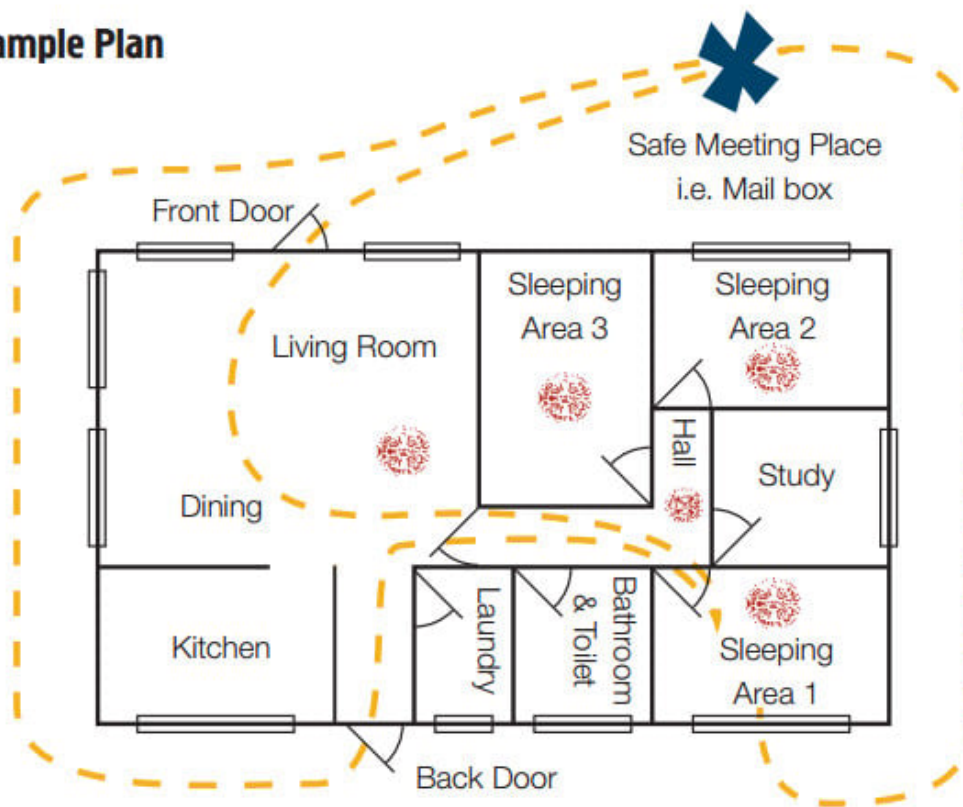
## DOCUMENT CHECKLIST

THE FOLLOWING ITEMS ARE REQUIRED TO BE SUBMITTED  
WITH THE VACATION RENTAL REGISTRATION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- FLORIDA DEPARTMENT OF REVENUE CERTIFICATE
- FLORIDA DEPT OF BUSINESS AND PROFESSIONAL REGULATION LODGING LICENSE
- PROOF OF OWNERSHIP
- BEDROOMS/PARKING PLAN STATEMENT – CODE SEC 18-206 (7)
- EXTERIOR SITE PLAN – CODE SEC 18-206 (8)
- INTERIOR FLOOR PLAN – CODE SEC 18-206 (9)
- PARKING PLAN – CODE SEC 18-206 (12)
- COPY OF OWNERS CODE OF CONDUCT RULES – SEC 18-206 (13)
- NARRATIVE ON OWNER TO GUEST COMMUNICATION – SEC 18-206 (14)
- COMPLETED VACATION RENTAL REGISTRATION APPLICATION
- IF NEW APPLICATION MUST SUBMIT WITH “CITY OF INDIAN ROCKS BEACH  
BUSINESS TAX RECEIPT APPLICATION
- PHOTO OF OUTSIDE SIGN DISPLAYING BTR # AND 24/7 PHONE NO# OF DESIGNATED  
RESPONSIBLE PARTY
- REGISTRATION FEE \$300.00 PER UNIT – CHECK OR CREDIT CARD ACCEPTED

## Sample Plan



### **Make sure you can get out of your home quickly if there is a fire.**

The best fire escape plan is worthless if your escape route is blocked. While deadlocks and security grilles deter thieves, they can be deadly in a fire. When you are in the house:

- 1. Leave keys** in any deadlock, or on a hook close to the door or window, but out of reach of intruders.
- 2. Make sure** that window security grilles and screens open **readily** from the inside.
- 3. Make sure** that all windows and doors **open easily** for all members of your family.

