



## CITY OF INDIAN ROCKS BEACH

1507 Bay Palm Boulevard  
Indian Rocks Beach FL 33785  
Ph 727/595-2517

### APPLICATION – VACATION RENTAL REGISTRATION

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"), medium density duplex residential ("RM1") district, and commercial tourist ("CT") 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 Vacation Rental Registration 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.

VACATION RENTAL REGISTRATIONS MUST BE RENEWED ANNUALLY BY DATE OF INCEPTION

NEW APPLICATIONS & RENEWALS \$300.00    INSPECTIONS \$150.00    RE-INSPECTIONS \$75.00  
PER UNIT

APPLICATIONS MUST BE SUBMITTED COMPLETE  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

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](http://www.sunbiz.org); Out of state, please refer to your state's website

**To be completed by Staff**

Date received: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_ [ ] Check  
[ ] Cash  
Requesting: \_\_\_\_\_ [ ] Credit Card

Property Mgmt Co: [ ] Yes [ ] No

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

DBPR Lic. Rec'd: \_\_\_\_\_

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](mailto:eatkinson@irbcity.com)  
or  
[gordanak@irbcity.com](mailto:gordanak@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)  
(Duplex Residential)  
☐ "CT" (Commercial Tourist) \_\_\_\_\_

#### 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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. DBPR# \_\_\_\_\_  
\_\_\_\_\_ 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: \_\_\_\_\_

Ord. No. 2023-02

# 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

DBR# \_\_\_\_\_

\_\_\_ 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 & \$150.00 INSPECTION FEE PER UNIT – CHECK OR CREDIT CARD

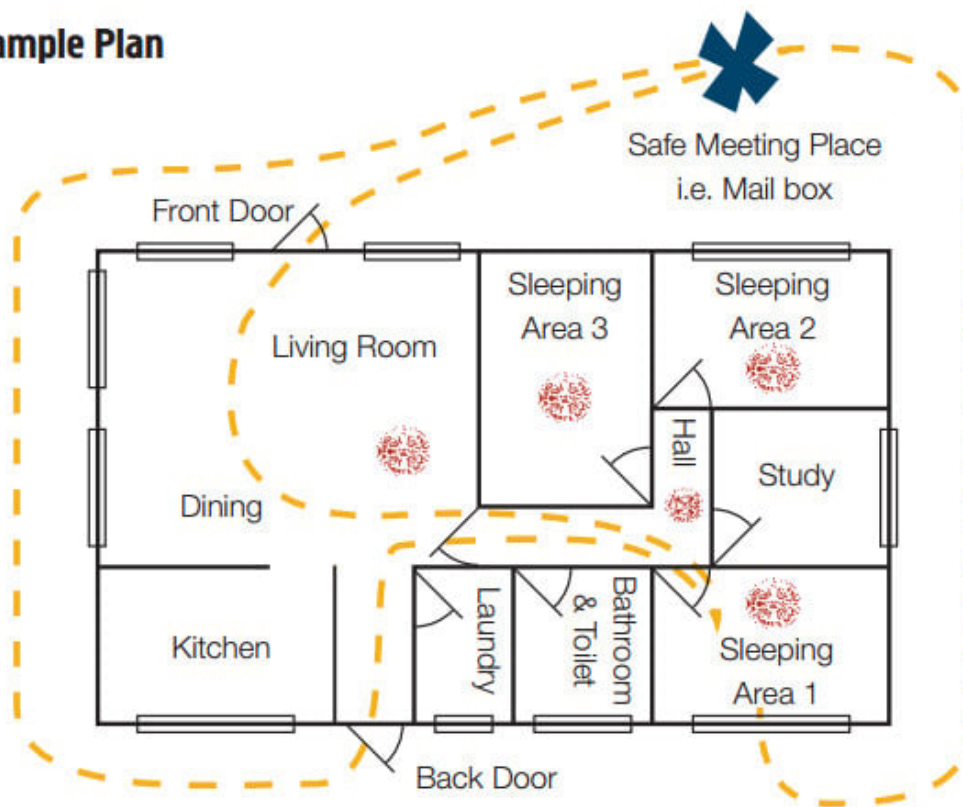
ACCEPTED

\_\_\_ VERIFICATION THAT THE PROPERTY HAS BEEN INSPECTED OR AN INSPECTION HAS BEEN

SCHEDULED WITH PINELLAS SUNCOAST FIRE RESCUE DISTRICT FOR FIRE/ SAFETY CODE

REQUIREMENTS

## 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.

