

**INDIAN RIVER COUNTY, FLORIDA**  
**TOURIST DEVELOPMENT TAX COLLECTION REGISTRATION FORM**

**PROPERTY INFORMATION**

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Parcel ID # \_\_\_\_\_  
Date of First Rental \_\_\_\_\_  
Using Air BnB or VRBO? \_\_\_\_\_

**OWNER INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**PROPERTY MANAGER INFORMATION**

(If different from owner information.)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_

*Office use only*    *Account No.:* \_\_\_\_\_    *Municipality:* \_\_\_\_\_

**PROPERTY USES**

Check all that apply

- \_\_\_ I have not rented my property
- \_\_\_ I rent my property for more than 6 months
- \_\_\_ I no longer own the property Date of sale: \_\_\_\_\_
- \_\_\_ I rent my property for less than 6 months
- \_\_\_ I only rent my property through AirBNB or VRBO/Homeaway
- \_\_\_ A property management company handles all my rentals

**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:* Ryan L. Butler, Clerk of Circuit Court,  
Attn: Irene Haas, P.O. Box 1028, Vero Beach, FL 32961