

INDIAN RIVER COUNTY, FLORIDA
TOURIST DEVELOPMENT TAX COLLECTION REGISTRATION FORM

PROPERTY INFORMATION

Unit Name _____
Street Address _____
Unit _____
City, State, Zip _____

Parcel ID # _____

In city of Vero Beach? Yes No

DEALER INFORMATION

Name _____

Address _____
City, State, Zip _____

Phone Number: (_____) _____

OWNER INFORMATION

(If different from dealer information.)

Name _____

Address _____
City, State, Zip _____

Phone Number: (_____) _____

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: _____

Currently remitting Sales / Tourist Tax: (please check one)

- Monthly Quarterly Annually

Federal ID No. or Social Security No. _____

Sales Tax Account No. _____

Contact Person: _____

Contact Phone Number: (_____) _____

Where should your tax returns be mailed? Dealer Owner

Applicants Signature

Date

Return completed form to: Jeffrey K. Barton, Clerk of Circuit Court,
Attn: Julia McAfee, P.O. Box 1028, Vero Beach, FL 32961

Office use only *Account No.:*