



Hillsborough County Tourist Development Tax Application

Acct. Number: _____
Date Set Up: _____
Initials: _____

FOR OFFICE USE ONLY

FILING INFORMATION Select one.

- New Application Change in Ownership

BUSINESS INFORMATION This will be used as your primary mailing address.

Business Name (If Applicable) _____

Owner Name _____

Federal Tax ID/Social Security Number _____ Florida Sales Tax Number _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

PHYSICAL PROPERTY INFORMATION For multiple properties, please attach additional sheet.

Mailing Address _____ City _____ State _____ Zip _____

Business Phone Number _____

ADDITIONAL CONTACT INFORMATION (If Any)

Name _____

Phone Number _____ Email _____

RENTAL TYPE

- Apartment Condominium Single Family Dwelling
 Bed & Breakfast Hotel/Motel Property Management
 Campground Mobile Home Park Other

NUMBER OF RENTAL UNITS _____

DATE FIRST RENTED _____
(MM/DD/YYYY)

RENTAL STATUS Select one.

- Monthly Seasonal from _____ to _____

Applicant Declaration (Signature required to process application):

Please note that any person who is required to collect, truthfully account for, and pay any taxes and willfully fails to do so shall be liable for penalties under the provisions of Section 213.29, Florida Statutes (F.S.). All information provided by the applicant is confidential as provided in Section 213.053 F.S. and is not subject to Florida Public Records Law, Section 119.07 F.S. By providing an email address above, you consent to electronic communications, reporting, and filing. Under penalty of perjury, I declare that I have read the fore stated in in are true.

Signature _____ Printed Name _____ Date _____