



Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
Records, Taxes and Treasury Division - Tourist Development Tax Section
REGISTRATION FORM

1. RENTAL PROPERTY INFORMATION:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Is this property leased from another party? [] Yes [] No

2. OWNER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

E-Mail Address: _____

3. DEALER / LESSEE INFORMATION:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

E-Mail Address: _____

4. RENTAL START DATE: _____

5. FED. TAX ID NUMBER: _____

SALES TAX / CERT. NO.: _____

FDOR FILING FREQUENCY: _____

LOCAL BUS. TAX RCPT. NO.: _____

6. TYPE OF BUSINESS:

___ Corporation ___ Individual
___ Partnership ___ Limited Liability Co.
___ Other: _____

7. TYPE OF RENTAL:

___ Apartment ___ Boarding Room
___ Campground ___ Condominium
___ Hotel/Motel ___ Multi-Family Home
___ RV / Mobile Home Park ___ Time Share
___ Real Estate/Property Manager
___ Single Family Home
___ Other: _____

8. NUMBER OF:

Total Units: _____ Transient Units: _____

9. BANK INFORMATION:

Name: _____
Account No: _____
City: _____ State: _____

10. SELECT MAILING ADDRESS:

1. _____ 2. _____ 3. _____

11. APPLICANT:

Name (print) _____ Title _____

Signature _____ Date _____

RETURN TO:

Tourist Development Tax Section
Records, Taxes and Treasury Division
115 S. Andrews Avenue, Room A-110
Fort Lauderdale, FL 33301
Office: 954-357-8455 Fax: 954-357-6524
touristax@broward.org

OFFICIAL USE ONLY:

COUNTY ACCOUNT NO: _____ FOLIO NO: _____



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INSTRUCTIONS

1. RENTAL PROPERTY INFORMATION:

Enter trade, fictitious (d/b/a), or location (i.e. hotel, motel, apartment building, condominium complex) name. Enter the actual physical (street) address of the rental property. A post office box is not an acceptable address. Indicate by placing a check mark on the appropriate line if this property is rented from another party. Agents (such as representatives, property managers or management companies) filing tax returns which report transient rental revenue from separately owned properties under a single account must attach a schedule indicating the property owner and property address.

2. OWNER INFORMATION:

Enter the rental property owner's name (i.e., individual, partner, corporate, etc.,) address, telephone number, and E-Mail address.

3. DEALER / LESSEE INFORMATION:

If applicable, enter the dealer's name (i.e., operator, property manager, etc.) or lessee's name, address, telephone number and E-Mail address. The dealer's information relates to individuals or entities designated by the owner to be responsible for the business aspects of the rental property. The lessee's information relates to individuals or entities that do not own the rental property but hold a lease from the property owner.

4. RENTAL START DATE:

Enter the date this business or individual became or will become liable for Broward County Tourist Development Tax.

5. Enter your Federal Tax ID number.

Enter your Florida Department of Revenue Sales Tax / Certificate Number.

Enter your Florida Department of Revenue Filing Frequency (i.e. Monthly, Quarterly, Semi-Annual or Annual).

Enter your Broward County Local Business Tax Receipt Number.

6. TYPE OF BUSINESS:

Place a check mark on the appropriate line. If "Other", please state the type in the space provided.

7. TYPE OF RENTAL:

Place a check mark on the appropriate line. If "Other", please state the type in the space provided.

8. NUMBER OF UNITS:

Indicate the number of total units and transient rental units located at the rental property address.

9. BANK INFORMATION:

Enter the name of the bank, account number, city and state where the business bank account is located.

10. SELECT MAILING ADDRESS:

Place a check mark on the line indicating the mailing address for tax returns and official correspondence.

One (1) is the Rental Address, Two (2) is the Owner Address and Three (3) is the Dealer or Lessee Address.

11. APPLICANT:

Enter the authorized person's printed name and title.

All forms must contain the authorized person's signature and date.