

Transient rental accommodations include each living quarter or sleeping or housekeeping accommodation provided to the public for periods of six months or less for consideration. See Rule 12A-1.061, Florida Administrative Code (F.A.C.).

Purpose of Application: This application allows an agent, representative, or management company to register transient rental accommodations located in Santa Rosa County on behalf of each owner to collect, report, and remit tourist development taxes (TDT) on the rental, lease, letting, or granting of a license to use the transient rental accommodations. The agent, representative, or management company will collect, report, and remit TDT to Santa Rosa County on behalf of each owner.

Written Agreement Required: The agent must maintain a written agreement with the property owner to register on the owner's behalf that includes the following provisions pursuant to 12A-1.060, Florida Administrative Code acknowledged by the property owner. A suggested format of the written agreement is provided on the next page.

1. The property owner is ultimately liable for any TDT due; and

2. In the event Santa Rosa County is unable to collect the taxes, penalties, and interest due from the rental of the owner's property, a warrant for such uncollected amount will be issued and will become a lien against the owner's property until satisfied.

Property Owner Information: Complete the "Individual Property Location Information" section for each property owner or attach a schedule to the application containing the required property owner information. Be sure to include the property owner's Santa Rosa County's Excise account number when the property has been previously registered.

Property Owner's Federal Identification Number: A Federal Employer Identification Number (FEIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) is required for each property owner. SSNs are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit the Department's website at floridarevenue.com/privacy for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Suggested format for rental property written agreement:

I, ł	nereby authorize								
(Name of Property Owner)	(Name of Agent, Representative, or Management Company)								
to act as my agent to rent, lease, let, or grant a license to others to use my described property (properties) located at									
Santa Rosa County Parcel ID#	, and to register to charge, collect, and remit tourist								
development tax levied under Chapter 212, Florida Statute	es (F.S.), to the Santa Rosa County. I acknowledge that, by								
renting, leasing, letting, or offering a license to others to us	se any transient accommodations, as defined in Rule								
12A-1.061, Florida Administrative Code (F.A.C.), I am exe	ercising a taxable privilege under Chapter 212, F.S., and as								
such acknowledge that I am ultimately liable for any tax du	ue Santa Rosa County on such rentals, leases, lets, or								
licenses to use. I fully understand that should the Santa R	osa County be unable to collect any taxes, penalties, and								
interest due from the rental, lease, let, or license to use m	y property, a warrant for such uncollected amount will be								
issued and becomes a lien against my property until satisf	fied.								

Signature of Property Owner/Lessor

Signature of Agent, Representative, or Management Company



Santa Rosa County Application for Registration of Living or Sleeping Accommodations

Agent, Representative, or Management Company Tax Registration Information

Legal Name of Agent, Representative, or Management Comp	Federal EIN	Excise Account Number			
Mailing Address		Physical Address			
Name of Primary Contact Person		Agent, Representative, or Management Company Website: Date			
Contact Person's Telephone Number:	NOTE: (1) Any person who is required to collect, truthfully account for, and pay any tax that willfully fails to do so shall be liable for penalties under the provisions of FL Statute (FS) 213.29.				
Email Address:	 (2) All information provided by the applicant is confidential per FS 213.03 and is not subject to FL Public Records Law, FS 119.07. (3) By providing an email address you consent to electronic communication, reporting and filing. 				

Under the penalties of perjury, I declare that I have read the information provided in this application and the facts stated in it are true.

Signature of Agent, Representative, or Management Company

Date

Print or Type the Name Signed Above

Title

Email this form along with the owner's authorization to TouristDevelopmentTax@SantaRosaClerks.com

Individual Property Location Information

Name of Property Owner	Property Owner's SSN, FEIN or ITIN	Beginning Date of Management Agreement		
Type of Ownership O Sole Proprietor O Partnership O Corporation (Limited Liability Company	st O Non-Business Trust O Estate		
O Sole Proprietor O Partnership O Corporation O Street Address of Property Street Address of Proproproproperty Street Address of Propro	City,State Zip Code	Parcel ID		
Property Owner's Mailing Address	City, State Zip Code	Owner's Telephone Number		
Owners Email Address	Date Management Company First Renter	d this Property SRC Excise Account Number		

Individual Property Location Information

Name of Property Owner		Property Owner's SSN, FEIN or ITIN	Beginning Date of Management Agreement				
Type of Ownership							
C Sole Proprietor C Partnership C Corporation C Limited Liability Company C Business Trust C Non-Business Trust C Estate							
Street Address of Property	City, State Zip Code		Parcel ID				
Property Owner's Mailing Address		p Code,	Owner's Telephone Number				
Owner's Email Address		Date Management Company First Rented this Property	SRC Excise Account Number				

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Santa Rosa County Application for **Registration of Living or Sleeping** Accommodations

Legal Name of Agent, Representative, or Management Company	Agent's Federal FEIN	Excis	e Account Number	
Individual Property Location Information				
Name of Property Owner	Property Owner's SSN, FEIN or ITIN	nning Date of Management Agreement		
Type of Ownership O Sole Proprietor O Partnership O Corporation O Limi	ted Liability	ر Company O Business Trust O	Non-Bu	siness Trust O Estate
Street Address of Property	City, State Z	ip Code		Parcel ID
Property Owner's Mailing Address	City, State Zi	ip Code	Owner's Telephone Number	
Owner's Email Address	1	Date Management Company First Rented this Prope	SRC Excise Acct Number	
Individual Property Location Information		1		
Name of Property Owner		Property Owner's SSN, FEIN or ITIN	Begin	nning Date of Management Agreement
Type of Ownership O Sole Proprietor O Partnership O Corporation O Limi	ited Liability	y Company O Business Trust O	Non-Bu	siness Trust 〇 Estate
Street Address of Property	CityÊÂÛcæe∿ÁZâ] /Ô [å^		Úæi&^\ÁØÖ
Property Owner's Mailing Address	CityÊÂÛcæe^ÁZ	ĝ <i>K</i> O[åe		Owner's Telephone Number
Owner's Email Address	Date Management Company First Rented this Property SRC Excise Account Number			
Individual Property Location Information				
Name of Property Owner	Property Owner's SSN, FEIN or ITIN	nning Date of Management Agreement		

Type of Ownership								
○ Sole Proprietor	○ Partnership	C Corporation	○ Limite	ed Liability Company	○ Business Trust	○ Non-Bus	iness Trust	C Estate
Street Address of Property				City, State Zip Code			Parcel ID	
Property Owner's Mailing Ad	dress			City, State Zip Code			Owner's Telepho	one Number
Owner Email Address				Date Manageme	ent Company First Rented this Pro	operty	SRC Excise Accou	int Number

Individual Property Location Information

Name of Property Owner				Property Owner's SSN, FEIN or ITIN Begin			Beginnir	inning Date of Management Agreement		
Type of Ownership										
O Sole Proprietor	O Partnership	○ Corporation	O Limi	ted Liability	Company	○ Business Trust	O No	on-Busii	ness Trust	C Estate
Street Address of Property				City, State Zi	o Code				Parcel ID	
Property Owner's Mailing Address Cit			City, State Zip Code				Owner's Telephone	Number		
Owner Email Address				Date Manageme	nt Company First Rented this F	roperty		SRC Excise Accour	nt Number	

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