

**Sam C. Steele, CFC**  
Monroe County Tax Collector  
P.O. Box 1129, Key West, Florida 33041-1129 (305) 295-5000

**Tourist Development Tax Application for individual/business owners**

Business Name: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

**If the applicant is an individual, the below information is to be completed:**

Owner Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Additional Owner Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

**PHYSICAL RENTAL LOCATION INFORMATION:**

Address: \_\_\_\_\_ Unit # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Total Rental Units: \_\_\_\_\_

Business Tax receipt # \_\_\_\_\_ Tangible Tax Alt. Key \_\_\_\_\_ Real Estate Alt. Key \_\_\_\_\_

Business Type: Please check only one. Sales Tax # \_\_\_\_\_

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Apartment              | <input type="checkbox"/> Time Share | <input type="checkbox"/> Campground/RV Park            |
| <input type="checkbox"/> Bed & Breakfast        | <input type="checkbox"/> Hotel      | <input type="checkbox"/> Mobile Home                   |
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Motel      | <input type="checkbox"/> Other (Please Explain): _____ |
| <input type="checkbox"/> Condominium            | <input type="checkbox"/>            |  |

**Tax Reporting Requirements: Please Check only One.**

- Monthly
- Quarterly (\$100.00 or less in tax is collected for the quarter)
- Semi-Annual (\$200.00 or less in tax is collected for the six month period)
- Annual Winter (October through March)
- Annual Summer (April through September)

RENTAL START DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yy

**APPLICANT DECLARATION AND SIGNATURE:**

Social Security numbers are used by our office as identifiers for the administration of Florida's tax law. All information provided by the applicant is confidential as provided in s. 213.053, F.S., and is not subject to Florida Public Records Law, s. 119.07, F.S.

I acknowledge that by obtaining and/or paying for the County taxes that this is not confirming nor denying that the parcel in question is appropriately zoned to allow vacation rentals. If you have any questions concerning the appropriate zoning, please contact your local municipal or County Planning Department.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Terms:**

I warrant the truthfulness of the information provided in this application.

\_\_\_\_\_ I understand that checking this box constitutes a legal signature confirming that I  
Acknowledge and agree to the above Terms of Acceptance.