

CHARLOTTE COUNTY TAX COLLECTOR
VICKIE L. POTTS
REGISTRATION FOR TOURIST DEVELOPMENT TAX ACCOUNT

18500 MURDOCK CIRCLE – PORT CHARLOTTE, FL 33948

Taxcollector.charlottecountyfl.gov 941-743-1350

Tourist Account # _____
(Office use only)

Business Tax Account # _____
(Office use only)

PLEASE TYPE OR PRINT CLEARLY

1. _____
Owner's Name

10. _____
Real Estate Parcel Identification Number

2. _____
Second Owner

11. Type of Rental # of Units _____
 Mobile Home or Travel Trailer Park
 Resort House Room
 Condo Motel Hotel
 Time Share Apartment
 Campground Bed & Breakfast
 Duplex

3. _____
Business Name-if applicable

4. _____
*** Rental Location-Street Address & Unit #

12. All filings will be submitted on a monthly basis
\$0.00 revenue also requires reporting
_____ Acknowledgement

_____ City State Zip

13. Tourist Express Account? Yes No
You must provide your email address to file on-line.

E-mail Address

5. _____
Mailing Address

_____ City State Zip

14. _____
DBPR Vacation Rental License Number

6. _____
Applicant's Telephone Number including Area Code

_____ Realtor/Agent – if applicable Phone Number #

7. _____
DOR SALES TAX REGISTRATION NUMBER

_____ Mailing Address

8. _____
APPLICANTS SSN # OR EIN #

_____ City State Zip

9. _____
Rental Start Date

_____ Applicants Signature

***Additional properties please use our monthly update form to record property information.

WARNING: Giving false information in order to avoid collecting and remitting Tourist Tax is a criminal offense and subject to prosecution.

REV: 08/10/22