

Charlotte County Tax Collector

Vickie L. Potts

TaxCollector.CharlotteCountyFL.gov



TOURIST DEVELOPMENT TAX ACCOUNT REGISTRATION PACKET FOR MANAGEMENT COMPANIES

_1. Contact Department of Revenue (DOR) to obtain a **Charlotte County** Florida Sales Tax Registration number. (850) 488-6800

<http://floridarevenue.com/taxes/eservices/Pages/registration.aspx>

_2. Contact the Department of Business & Professional Regulations (DBPR) to apply for a **Vacation Rental License**. (850) 487-1395

www.myflorida.com/dbpr

_3. Apply for a Charlotte County Business Tax Receipt (941) 743-1350

<https://taxcollector.charlottecountyfl.gov/documents/business-tax/business-tax-application.pdf>

A FEE OF (\$35.00) (ANNUAL) IS REQUIRED TO BE SUBMITTED WITH YOUR APPLICATION

_4. Apply for a Charlotte County Tourist Tax Account (941) 743-1350

<https://taxcollector.charlottecountyfl.gov/documents/tourist-tax/tourist-application.pdf>

FORMS INCLUDED WITH THIS PACKET

*****TOURIST DEVELOPMENT TAX ACCOUNT PROPERTY UPDATE FORM**

*****DEPARTMENT OF REVENUE FORM DR-1-C**

CHARLOTTE COUNTY MANAGEMENT COMPANY PROCEDURES

1. All property additions, deletions or ownership changes must be submitted to our office using our Property Tax Account Update Form.
2. When adding additional properties you **MUST** first obtain the property owners Department of Revenue Sales Tax Registration Certificate number.
3. All taxes are filed and paid on a monthly basis. A spreadsheet listing each individual property's tourist account number & gross rental amount collected is required to be submitted.

***** Every property is required to be reported on a monthly basis. If no income has been collected you will need to report \$0.00.**

***** Do Not submit property update information on the monthly spreadsheets.**

*****Property update forms can be emailed:**

touristtax@charlottecountyfl.gov or faxed to 941-743-1364.

Contact Information:

Tourist Development Office 941-743-1350

Contact E-mail touristtax@charlottecountyfl.gov

CHARLOTTE COUNTY TAX COLLECTOR

VICKIE L. POTTS

MANAGEMENT COMPANY APPLICATION

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. _____
Business Name

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

_____ Acknowledgement

2. _____
Business Address

8. Tourist Express Account? Yes _____ No _____
You must provide email address to file online

City State Zip

E-Mail Address

3. _____
Mailing Address

9. _____
Charlotte County DOR Registration Certificate #

City State Zip

10. _____
DBPR Vacation Rental License Number

4. _____
Business Phone Number

5. _____
Alternate Phone Number

11. _____
Rental Start Date

6. _____
APPLICANTS SSN # OR EIN #

12. _____
APPLICANTS SIGNATURE

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

APPLICATION FOR CHARLOTTE COUNTY BUSINESS TAX RECEIPT

Vickie L. Potts

Charlotte County Tax Collector 18500 Murdock Circle, Port Charlotte, Florida 33948

Website: <http://taxcollector.charlottecountyfl.gov>

Phone: (941) 743-1350

BUSINESS INFORMATION

New Transfer Date: _____ (office use) BT Account#: _____

Business Name: _____ **Type of Business:** _____

Corporate Name: _____ Federal ID #: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Job Card # _____ Business Phone #: _____ Email Address _____

(Attach Copy) County Comp Card # _____

(Attach Copy) State License # _____

Do you have vending, amusement or laundry machines? Yes No If yes, How Many? _____

Fictitious Name Registration # _____ Number of employees: _____

This certifies that the above business is exempt from registering for a Fictitious Name (check box)

It is a corporation registered with the Florida Secretary of State. Document # _____

I am licensed by the Department of Business and Professional Regulation or the Department of Health.

It is operated under the legal name(s) of the owner(s).

EXEMPTIONS PER FLORIDA STATUTE 205

Check only one (attach a copy of proof of exemption) **Must be a Charlotte County resident to qualify and you can have no more than one employee.**

I am sixty-five (65) years old Disabled Veterans Charitable Organization (501c) attach copy

OWNER INFORMATION

Owner Name: _____

Owner Address (No PO Box): _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner Telephone: _____ Email Address: _____

(Attach Copy) Driver's License #: _____ **(Required)** Social Security # _____

I UNDERSTAND THAT PER COUNTY ORDINANCE 2008-037, SECTION 1-10-24 THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH ZONING REGULATIONS, THE CHARLOTTE COUNTY MANDATORY RECYCLING ORDINANCE, AND ANY OTHER STATE, COUNTY OR CITY REGULATIONS.

I SWEAR THIS APPLICATION FOR BUSINESS TAX IS MADE FOR THE PROFESSION OR BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.

Signature: _____

Date: _____

Charlotte County Tourist Development Tax Account Information Update Form
Tourist Tax Account # _____

Business/Owner Name _____
Contact Person _____

Phone Number _____
Date _____

Property Owner Name:	Parcel ID Number
	Rental Property Address
Sales Tax #	
Rental Start Date	Unit #
Circle- Add- Remove- New Owner	Type of Rental Unit
<hr/>	
Property Owner Name:	Parcel ID Number
	Rental Property Address
Sales Tax #	
Rental Start Date	Unit #
Circle- Add- Remove- New Owner	Type of Rental Unit
<hr/>	
Property Owner Name:	Parcel ID Number
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Sales Tax #	
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Property Owner Name:	Parcel ID Number
	Rental Property Address
Sales Tax #	
Rental Start Date	Unit #
Circle- Add- Remove- New Owner	Type of Rental Unit

Rev.4.7.17
Mail to: Charlotte County Tax Collector, 18500 Murdock Cr, Port Charlotte, FL 33948 OR Fax to: (941) 743-1364

f-103 consol new rev 05-29-01



Application for Collective Registration of Living or Sleeping Accommodations

DR-1C
R. 07/18

Rule 12A-1.097
Florida Administrative Code
Effective XX/XX

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.

Purpose of Application: This application allows an agent, representative, or management company to register multiple transient rental accommodations located in a single county on behalf of each owner to collect, report, and remit sales taxes 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 sales and use tax, any applicable discretionary sales surtax, plus any local option transient rental tax to the Department of Revenue on behalf of each owner. **This application cannot be used to register commercial rental property.**

Written Agreement Required: The agent must maintain on file a written agreement with the property owner to register on the owner's behalf. A suggested format of the written agreement is provided on the next page.

Agent Must be Registered in Each County: The agent must have a sales and use tax certificate number for each county in which transient rental accommodations are located, and for which the agent collects taxable rent. To obtain certificates for additional counties, agents must submit a *Florida Business Tax Application* (online or paper) for each county.

One County Per Application: Properties listed on a single application must be located in the same county. To register properties in more than one county, submit a separate application for each county.

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 certificate of registration number when the property has been previously registered. **A sales and use tax Certificate of Registration will be issued to each property owner and mailed to the agent, representative, or management company.** A letter containing the property's certificate number and the name of the agent, representative, or management company will be mailed to the property owner.

If you are registering a time-share unit, check the box to indicate the property is a time-share unit. Include only the unit number or other time-share designation. A *Certificate of Registration* will be issued in the name of the agent, representative, or management company.

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 and select "Privacy Notice" 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, _____ hereby authorize _____
(Name of Property or Time-Share Period 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) or time-share period (periods) located at _____

and to register to charge, collect, and remit sales tax levied under Chapter 212, Florida Statutes (F.S.), to the Department of Revenue. I acknowledge that, by renting, leasing, letting, or offering a license to others to use any transient accommodations, as defined in Rule 12A-1.061, Florida Administrative Code (F.A.C.), I am exercising a taxable privilege under Chapter 212, F.S., and as such acknowledge that I am ultimately liable for any sales tax due the State of Florida on such rentals, leases, lets, or licenses to use. I fully understand that should the State be unable to collect any taxes, penalties, and interest due from the rental, lease, let, or license to use my property, a warrant for such uncollected amount will be issued and becomes a lien against my property until satisfied.

Signature of Property Owner/Lessor

Signature of Agent, Representative, or Management Company



Application for Collective Registration of Living or Sleeping Accommodations

DR-1C
R. 07/18

Agent, Representative, or Management Company Sales and Use Tax Registration Information

Name of Agent, Representative, or Management Company		Agent's Certificate Number for this County		County Name	
Mailing Address		City		State	
Name of Contact Person		Signature of Agent			Date
Contact Person's Telephone Number		Agent's Name Printed or Typed			

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
<input type="text"/>	<input type="text"/>
Print or Type the Name Signed Above	Title
<input type="text"/>	<input type="text"/>

Mail to: Account Management - MS 1-5730
Florida Department of Revenue
5050 W Tennessee St
Tallahassee FL 32399-0160

Individual Property Location Information

Check this box if this property is a time-share unit.

Name of Property Owner (or time-share unit number/designation)		Property Owner's SSN, FEIN or ITIN		Beginning Date of Management Agreement	
Type of Ownership <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Limited Liability Company <input type="radio"/> Business Trust <input type="radio"/> Non-Business Trust <input type="radio"/> Estate					
Street Address of Property		City		County	
Property Owner's Mailing Address		City		State	
		ZIP Code		Owner's Telephone Number	
If owner has a sales and use tax certificate number, provide it here.		DOR USE ONLY			

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Application for Collective Registration of Living or Sleeping Accommodations

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