



**Bob McKee, Lake County Tax Collector**  
P.O. Box 327, Tavares, FL 32778

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**Tourist Development Tax Registration**  
**Agent / Representative / Management Company**  
**CONFIDENTIAL**

Agent / Representative / Management Company Information

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

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

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

FEIN or SS Number: \_\_\_\_\_ Florida Sales Tax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Rental Location Information

Property Owner Name: \_\_\_\_\_ Property Owner FEIN or SS Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

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

Business Tax Receipt Account Number: \_\_\_\_\_

Tangible Account Number: \_\_\_\_\_ Real Estate Account Number: \_\_\_\_\_

Rental Type (Please check only one):

Apartment \_\_\_\_ Time Share \_\_\_\_ Campground / RV Park \_\_\_\_ Bed & Breakfast \_\_\_\_

Hotel / Motel \_\_\_\_ Mobile Home \_\_\_\_ Single Family Dwelling \_\_\_\_ Condominium \_\_\_\_

Other (Please explain): \_\_\_\_\_

\*Tax Reporting Requirements (Please check only one):

\_\_\_\_ Monthly

\_\_\_\_ Quarterly (\$100 or less in tax is collected for the quarter)

\*Rental Start Date: \_\_\_\_\_

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.

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

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_