



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

Tourist Development Tax Registration
Individuals / Business Owners
CONFIDENTIAL

Owner Information

Name(s): _____

FEIN or SS Number: _____ Florida Sales Tax Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____ E-mail Address: _____

Rental Location Information

Address: _____ Unit Number: _____

City: _____ State: _____ Zip: _____

Total Rental Units: _____ Business Tax Receipt Account Number: _____

Tangible Account Number: _____ Real Estate Account Number: _____

Business Type (Please check only one):

Apartment _____ Time Share _____ Campground / RV Park _____

Bed & Breakfast _____ Hotel _____ Mobile Home _____

Single Family Dwelling _____ Motel _____ 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: _____ Date: _____

Printed Name: _____ Title: _____