

APPLICATION FOR TOURIST DEVELOPMENT TAX NUMBER

PALM BEACH COUNTY TAX COLLECTOR,

P.O. BOX 3715 WEST PALM BEACH, FL 33402-3715

Business Name: _____ Owner Name: _____
Business Address: _____ Owner Address: _____
City: _____ City: _____
State: _____ Zip Code: _____ State: _____ Zip Code: _____
Occupational License Number: _____ Telephone: (____) _____
Telephone: (____) _____ Alternate Telephone: (____) _____
Alternate Telephone: (____) _____

Rental Property Address: _____
City: _____ State: _____ Zip Code: _____
Property Control Number: _____
*Federal ID: _____ or *SS Number: _____

Have you ever applied for a Tourist Development (Bed Tax) Account Number? YES NO

If yes, under what name: _____

Reason for filing: (Check one) New Application New Business

Change of Ownership Change of Legal Entity Change of Business Location

If Change of Ownership, Legal Entity or Business Location indicate the date of change: ____________

Seasonal Rentals – Indicate Filing Frequency: Monthly Quarterly Semi-annual Annual

=== **Confidential = Confidential = Confidential = Confidential = Confidential** ===

Type of rental facility: _____

Number of Units: _____ Furnished YES NO Rental Period: FROM ____________ TO ____________

Gross Amount of Rent: \$ _____ x 5% = _____ Amount to Remit to Tax Collector

Will you need additional forms for next year? YES NO

Signature: _____ Date: _____

Print Name: _____

THE ABOVE INFORMATION IS REQUIRED TO PROCESS YOUR TOURIST TAX PAYMENT.

FOR ADDITIONAL INFORMATION, PLEASE CALL (561) 355-2726