



## Application to Collect and Remit Tourist Development Tax in Pinellas County, Florida

Please use Black or Blue ink ONLY and type or print clearly.  
 Answer ALL questions in the sections that apply to your business.

Office Use Only  
 TD Tax Account Number:

1. Indicate whether this is a New Registration (never before registered with the Pinellas County Tax Collector's Office, "PCTCO") by completing section A or a Change to an Existing Account by completing section B.

<b>A. New Registration</b>
<input type="checkbox"/> Condominium <input type="checkbox"/> Condo-Hotel <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Motel <input type="checkbox"/> Mobile Home <input type="checkbox"/> Property Management <input type="checkbox"/> Campground <input type="checkbox"/> Timeshare <input type="checkbox"/> Internet Retailer <input type="checkbox"/> Other _____
Provide certificate number if you have already registered with Florida Department of Revenue: _____
Beginning date of rental activity: _____ <div style="text-align: center;">Month / Day / Year</div> Provide the date this business location or entity became or will become liable for the Tourist Development Tax. Do not use your incorporation date unless that is the date your business became liable for tax.
<b>If you have been in business longer than 30 days prior to registering, contact the Pinellas County Tax Collector's Office.</b>

<b>B. Change to an Existing Account Information</b>
<input type="checkbox"/> Change of Rental Property (add or remove property location) <input type="checkbox"/> Change of Legal Entity <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change Mailing Address <input type="checkbox"/> Change Phone or Fax Number <input type="checkbox"/> Change E-mail Address
If you have checked change of legal entity or change of ownership, the PCTCO will cancel your existing account and issue you a new one; you will need to complete this application in its entirety. Please provide the account number to be canceled. _____
If you have checked change of rental property and are removing a property location from your account; please provide the rental property location to be removed from your account: (Attach additional sheet if necessary.) _____ Address _____ City _____
If you have checked a change to the methods of contacting you please make the changes below.
This change is effective on: _____ <div style="text-align: center;">Month / Day / Year</div>

Please Type or Print Clearly

2. Legal name of corporation, individual owner (last, first, middle) limited liability company, partnership, or other:	Owner telephone number:
3. Trade or fictitious name (d/b/a) (if different than above):	Business telephone number:
4. Complete physical address of <b>rental</b> property:	Unit No.      Fax Number:
City/State/Zip:	No. of Units
5. Parcel #: _____ / _____ / _____ / _____ / _____ / _____ Are you the legal owner of the Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tangible Personal Property Account Number:
6. <b>Mailing</b> Address (if different than rental address):	E-Mail Address:
City/State/Zip:	Country:
<b>7. Business Entity Identification Number.</b> If you are registered for unemployment tax or have employees, you must provide an FEIN. If an FEIN is not required for your business entity, the Social Security Number of the owner is required. Social Security Numbers are used by the PCTCO as unique identifiers for the administration of Florida's tax laws pursuant to Section 12A-1.060 (3) (e) 6, F.A.C. and Title 42 § 405(c)(2)(C)(i), U.S.C. Social Security Numbers are confidential under Sections 213.053 and 119.071, F.S., and are not subject to disclosure as public records.	
a. Federal Employer Identification Number (FEIN): _____ - _____ or b. Social Security Number (SSN) of owner: _____ - _____ - _____	
(If you are required to have an FEIN, but have not yet been assigned one you may call the Internal Revenue Service at (800) 829-4933 to request one. Once you receive your FEIN, please provide our office with your FEIN.)	

8. Identify proprietors or owners, partners, officers, members, or trustees. Include the person whose social security number is listed under Question 7. Social Security Numbers are used by the PCTCO as unique identifiers for the administration of Florida's tax laws pursuant to Section 12A-1.060 (3) (e) 6, F.A.C. and Title 42 § 405(c)(2)(C)(i), U.S.C. Social Security Numbers are confidential under Sections 213.053 and 119.071, F.S., and are not subject to disclosure as public records. **Without this information, processing of your application may be stopped.**

Name and Title	Social Security Number	Mailing Address City/State/Zip	Telephone Number E-mail Address
a.			
b.			
c.			
d.			
e.			
f.			

9. Name of person/title responsible for submitting the tax returns (last, first, middle): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If this person is not listed under Question 8, complete the following contact information. Please be advised, we must have a completed and notarized Power of Attorney Form on file for this individual if you plan on authorizing our office to discuss your account information with this person. The Power of Attorney Form can be found on our website, [www.taxcollect.com](http://www.taxcollect.com) or contact our office.

Mailing Address: _____	Fax Number: _____
City/State/Zip: _____	E-mail Address: _____

10. Type of Ownership – Check the box next to the exact entity structure of your business.

- Sole proprietorship:** An unincorporated business that is owned by one individual.
- Partnership:** The relationship existing between two or more entities or individuals who join to carry on a trade or business. This includes a business jointly owned/operated by a husband and wife.  
Check one:  General partnership     Limited partnership     Joint Venture     Married Couple
- Corporation:** A person or group of people who incorporate by receiving a charter from their state's Secretary of State (includes professional service corporations).  
Check one:  C-corporation     S-corporation     Not-for-profit corporation
- Limited liability company:** Two or more entities (or individuals) who file articles of organization with their state's Secretary of State.  
 Check here if you elected to be treated as a corporation for federal income tax purposes.  
Check one:  Single-member LLC     Multi-member LLC
- Business trust:** An entity created under an agreement of trust for the purpose of conducting a business for profit (includes Real Estate Investment Trusts).
- Non-business trust/Fiduciary:** An entity created by a grantor for the specific benefit of a designated entity or individual.

11. If a partnership, corporation, or limited liability company, provide your fiscal year ending date (month/day): \_\_\_\_\_

12. If incorporated, chartered or otherwise registered to do business in Florida, provide your document/registration number from the Florida Secretary of State: \_\_\_\_\_  
Provide the date of incorporation, charter, or authorization to do business in Florida (mm/dd/yyyy): \_\_\_\_\_

13. Is your business location rented from another person or entity?  Yes     No  
If yes, and you do not operate from your home, provide the following information.  
Owner or Landlord's name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## Applicant Declaration and Signature

**Signature is required to process this application.**

Please note that any person (including employees, corporate directors, corporate officers, etc.) who is required to collect, truthfully account for, and pay any taxes and willfully fails to do so shall be liable for penalties under the provisions of Section 213.29, Florida Statutes (F.S.). All information provided by the applicant is confidential as provided in Section 213.053, F.S., and is not subject to Florida Public Records Law, Section 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.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Did you remember to:

- Complete the application in its entirety?
- Make sure that you have provided your FEIN or SSN?
- Sign and date the application?

You may mail your completed application to:

Diane Nelson, CFC  
Pinellas County Tax Collector  
P.O. Box 2943  
Clearwater, FL 33757-2943

For information on the Tourist Development Tax, please visit our website at [www.taxcollect.com](http://www.taxcollect.com). You may contact our office at (727) 464-7777 or e-mail our office at [pctctd@taxcollect.com](mailto:pctctd@taxcollect.com) for any questions you may have.