

SEMINOLE COUNTY TOURIST DEVELOPMENT TAX APPLICATION FOR REPORTING ACCOUNT NUMBER AND REPORTING FORMS

**THE SEMINOLE COUNTY TOURIST DEVELOPMENT TAX APPLIES TO ANYONE WHO OWNS,
OPERATES, OR IS AN AGENT OF TRANSIENT PROPERTY.**

BUSINESS NAME _____ TYPE OF RENTAL FACILITY _____

OWNER NAME _____ NUMBER OF UNITS _____

MAILING ADDRESS _____

CITY _____ ST ___ ZIP _____

TEL. NO (_____) _____

REASON FOR FILING:

- NEW APPLICATION
- NEW BUSINESS
- CHANGE OF OWNERSHIP
- CHANGE OF LEGAL ENTITY
- CHANGE OF LOCATION
- CHANGE OF AGENT
- CHANGE OF MANAGEMENT COMPANY

IF DIFFERENT THAN ABOVE:

PROPERTY NAME _____

PROPERTY ADDRESS _____

CITY _____ ST ___ ZIP _____

TEL. NO (_____) _____

FEDERAL EMPLOYER ID # _____

IF CHANGE OF OWNERSHIP, LEGAL ENTITY OR
BUSINESS LOCATION, COMPLETE:

DATE OF CHANGE ____ / ____ / ____

REAL ESTATE PARCEL # _____

PERSONAL PROPERTY ACCOUNT # _____

OR

SOCIAL SECURITY NUMBER* _____

COUNTY BUSINESS TAX RECEIPT # _____

(Social Security Numbers are used as unique identifiers for the administration of Florida's tax laws. They are confidential under Florida Statutes 119.0721 and 213.053, and are not subject to disclosure as public records.)

FL CORP ID # (IF APPLICABLE) _____

FLORIDA SALES TAX # _____

TYPE OF BUSINESS ORGANIZATION:

BUSINESS BANK _____

- CORPORATION
- TRUST
- PROFESSIONAL ASSOCIATION
- PARTNERSHIP
- INDIVIDUAL
- OTHER _____

BANK ACCOUNT # _____

BANK ADDRESS _____

CITY _____ ST ___ ZIP _____

SIGNATURE _____

PRINT NAME _____

DATE _____



**RETURN TO:
RAY VALDES
SEMINOLE COUNTY TAX COLLECTOR
PO BOX 630
SANFORD, FL 32772-0630**

**PHONE: 407-665-7637
FAX: 407-665-7603**