

CITY OF INDIAN ROCKS BEACH

1507 Bay Palm Boulevard Indian Rocks Beach FL 33785 Ph 727/595-2517

APPLICATION – VACATION RENTAL REGISTRATION

<u>Transient public lodging establishment</u>. A structure, which is rented to guests more than three (3) times in a calendar year for periods of less than thirty (30) days or more or one (1) calendar month, whichever is less, and which is advertised or held out to the public as a place rented to guests within the single family ("S"), medium density ("RM2"), medium density duplex residential ("RM1") district, and commercial tourist ("CT") districts. A "transient public lodging establishment" shall be considered a non-residential, commercial business, whether operated for profit or as a not for profit and be subject to the additional requirements of this chapter if the transient public lodging establishment is additionally considered to operate as short term vacation rental as defined herein.

Completion or acceptance of an application for and issuance or payment of Vacation Rental Registration does not constitute a determination by the City that the property for which the tax is being paid is in full compliance with applicable Federal, State and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

VACATION RENTAL REGISTRATIONS MUST BE RENEWED ANNUALLY BY DATE OF INCEPTION

NEW APPLICATIONS & RENEWALS \$300.00 INSPECTIONS \$150.00 RE-INSPECTIONS \$75.00 PER UNIT

APPLICATIONS MUST BE SUBMITTED COMPLETE INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Rental Property Address:		
Property Owner(s):		
Annual renewals are sent out as a courtesy to the addre	ess provided below:	
Mailing Address:		
Cell:	Home Phone:	
E-mail:		
IF OWNER IS A CORPORATION OR PARTNERSHIP, PLEASE ATTACH PROOF OF VERIFICATION. In Florida, please go to www.sunbiz.org ; Out of state, please refer to your state's website		
To be completed by Staff	VRR#	
Date received: Amount paid: \$	[] Cook	
Requesting:		
Property Mgmt Co: [] Yes [] No		

Do you have a Property Management company If yes, please complete belo	
I authorize Management Company.	to be my Property
Management Company Address:	
Rental Agent:	
Office Number:	
Rental Agent e-mail:	
Property Owner Signature	Date
Please print name (Property Owner)	
Property Owner Signature	Date
Please print name (Property Owner)	
If you change Property Management Company, please send a coginformation to:	py of this page with updated
Finance Director	
City of Indian Rocks Beach 1507 Bay Palm Boulevard	
Indian Rocks Beach FL 3378	5
If you sell your property or are no longer renting, please notify the Rocks Beach, so that we may close your account. Ph: 727/595-2517 e-mail: eatkinson@irbcity.com or	he Finance Director, City of Indian

coconnor@irbcity.com

Attach one of the following to show ownership of the property:	
Updated profile page(s) from the Pinellas County Property Appraiser (www.pcpao.org)	
OR Copy of <i>recorded</i> Warranty Deed	
Copy of <i>recorded</i> warranty Deed	
Rental property address:	
Parcel ID #	
Parcel ID # Pinellas County Property Appraiser's website: www.pcpao.org	
Zoning: [] "S" (Single Family) [] "RM 2" (Medium Density) [] "RM 1" (Medium Density) (Duplex Residential) () "CT" (Commercial Tourist)	
PROPERTY DESCRIPTION	
() SINGLE FAMILY – BEDROOMS () DUPLEX – BEDROOMS - UNIT 1 UNIT 2	
() CONDO - BEDROOMS	
() MULTI FAMILY NUMBER OF UNITS	
UNIT 1 - BEDROOMS UNIT 4 - BEDROOMS	
UNIT 2 - BEDROOMS UNIT 5 - BEDROOMS	
UNIT 3 - BEDROOMS UNIT 6 - BEDROOMS	
IF CLAIMING VESTING BENEFIT AS DESCRIBED IN CODE SEC 18-216 (b) 1,2,3 & 4 , PLEASE INITIAL HERE AND LIST MAXIMUM OCCUPANCY REQUESTED	
DESIGNATED RESPONSIBLE PARTY 24/7 EMERGENCY CONTACT SEC 18-215 (A)	
NAME	
ADDRESS	
PHONE E-MAIL	

ALL PROPERTY OWNER(S) TO COMPLETE (Print additional pages as needed)

MUST BE SIGNED IN PRESENCE OF A NOTARY

I hereby certify that the information in the application is true and correct and that I am the owner of the property. By executing this application, I acknowledge that the property is subject to local, State and Federal laws and regulations. I acknowledge that the property and its intended use must comply with all applicable regulations.

I believe the subject property is in compliance with all applicable codes.

I understand that rental of a homesteaded property could result in loss of said homestead status and advantages. (For further information, please refer to F.S. 196.061 and contact the Pinellas County Property Appraiser at 727/464-3207.)

Completion or acceptance of an application for and issuance or payment of Business Tax Receipt for a Short Term Vacation Rental by the City of Indian Rocks Beach does not constitute a determination by the City that the property for which the tax is being paid is in full compliance with applicable Federal, State and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

Completion or acceptance of an application that the applicant will operate the Short Term Vacation Rental in compliance with all Codes including the City of Indian Rocks Beach Ordinance No. 2023-02.

efore me thisday of
(Property Owner)
commission expires:

Rental Property Address:
List all property owners followed by last 4 digits of Social Security number or FEIN # below: If corporate owned or LLC list Registered Agent.
Not a U. S. citizen? Please provide Taxpayer Identification number:
For questions, please contact the Florida Department of Revenue at 1-800-829-4933.
To be completed by staff:
VRR #
Date Rec'd



CITY OF INDIAN ROCKS BEACH 1507 Bay Palm Boulevard Indian Rocks Beach, FL 33708

Ph 727/595-2517 www.indian-rocks-beach.com

VACATION RENTAL REGISTRATION AFFIDAVIT

Local Vacation Rental Unit

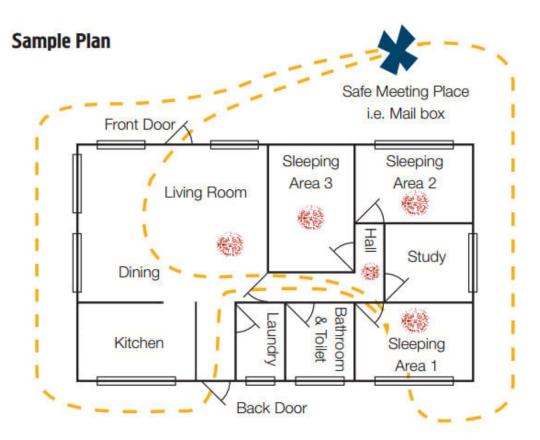
Address:		Unit#:
		Zip:
Phone at Rental Unit:	Name of Rental Property:	
	Property Owner	
Name:	Cell Pho	ne:
		Zip:
	I/We attest to the following:	
	(OWNER MUST INITIAL EACH IT	'EM)
The moneyty complies with	EEMA normalations limiting the use of grow	and level energy
	FEMA regulations limiting the use of grounds at the Department of Burnet and Burnet an	-
	-	iness and Professional Regulation (DBPR)
	public lodging establishment. active resale certificate for sales tax issued	d by the State of Florida
	active resale certificate for sales tax issued and remits the required Tourist Developm	
	ntal property complies with all ordinances	
	that property complies with an oralinances	or the city of matan rooms Boatin.
	MILOT DE CIONED IN DDECENCE OF	NOTA DV
	MUST BE SIGNED IN PRESENCE OF	NOTARY
Owner/Agent Signature	Owner/Agent Printed Name	Date
STATE OF		
COUNTY OF		
I HEREBY CERTIFY that on this	day, before me, an officer duly authorize	d in the state and county aforesaid to take
acknowledgements, personally app	pearedl	known to me to be the person described in
and who executed the foregoing in	strument and he/she acknowledged before	me that he/she executed the same.
WITNESS my hand and official sea	al in the county and state last aforesaid thi	s day of 20
WITTEDS My hand and official see	and state last aloresald thi	(SEAL)
		(SEAL)
Notary Public	Commission Exp.	
Danson aller less server de serve	on Idontification Duadroad	
Personally known to me	or Identification Produced:	

VACATION RENTAL REGISTRATION DOCUMENT CHECKLIST

THE FOLLOWING ITEMS ARE REQUIRED TO BE SUBMITTED WITH THE VACATION RENTAL REGISTRATION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

 FLORIDA DEPARTMENT OF REVENUE CERTIFICATE
 FLORIDA DEPT OF BUSINESS AND PROFESSIONAL REGULATION LODGING LICENSE
 PROOF OF OWNERSHIP
 BEDROOMS/PARKING PLAN STATEMENT – CODE SEC 18-206 (7)
 EXTERIOR SITE PLAN – CODE SEC 18-206 (8)
 INTERIOR FLOOR PLAN – CODE SEC 18-206 (9)
 PARKING PLAN – CODE SEC 18-206 (12)
 COPY OF OWNERS CODE OF CONDUCT RULES – SEC 18-206 (13)
 NARRATIVE ON OWNER TO GUEST COMMUNICATION – SEC 18-206 (14)
 COMPLETED VACATION RENTAL REGISTRATION APPLICATION
 IF NEW APPLICATION MUST SUBMIT WITH "CITY OF INDIAN ROCKS BEACH
BUSINESS TAX RECEIPT APPLICATION
 _ PHOTO OF OUTSIDE SIGN DISPLAYING BTR # AND 24/7 PHONE NO# OF DESIGINATED
RESPONSIBLE PARTY
REGISTRATION FEE \$300.00 PER UNIT – CHECK OR CREDIT CARD ACCEPTED



Make sure you can get out of your home quickly if there is a fire.

The best fire escape plan is worthless if your escape route is blocked. While deadlocks and security grilles deter thieves, they can be deadly in a fire. When you are in the house:

- Leave keys in any deadlock, or on a hook close to the door or window, but out of reach of intruders.
- Make sure that window security grilles and screens open readily from the inside.
- Make sure that all windows and doors open easily for all members of your family.

