



CITY OF INDIAN ROCKS BEACH
1507 Bay Palm Boulevard
Indian Rocks Beach FL 33785
Ph 727/595-2517

APPLICATION – VACATION RENTAL REGISTRATION

Transient public lodging establishment. 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): _____

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

Date received: _____ Amount paid: \$ _____ [] Check VRR # _____
[] Cash DBPR Lic. Rec'd: _____

Requesting: _____ [] Credit Card

Property Mgmt Co: [] Yes [] No

Do you have a Property Management company? Yes No
If yes, please complete below.

I authorize _____ to be my Property Management Company.

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 copy of this page with updated information to:

Finance Director
City of Indian Rocks Beach
1507 Bay Palm Boulevard
Indian Rocks Beach FL 33785

If you sell your property or are no longer renting, please notify the Finance Director, City of Indian Rocks Beach, so that we may close your account.

Ph: 727/595-2517

e-mail:

gordanak@irbcity.com

or

eatkinson@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 **recorded** Warranty Deed

Rental property address: _____

Parcel ID # _____

Pinellas County Property Appraiser's website: www.pcpao.org

Zoning: "S" (Single Family) "RM 2" (Medium Density) "RM 1" (Medium Density)
() "CT" (Commercial Tourist) (Duplex Residential)

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

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.

Property Owner Signature

Date

Please print name (Property Owner)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of
20____ by _____
(Property Owner)

who is [] personally known to me or has produced _____
as identification.

Commission expires:

Signature of Notary

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 _____



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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#: _____

City: _____ State: _____ Zip: _____

Phone at Rental Unit: _____ Name of Rental Property: _____

Property Owner

Name: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

I/We attest to the following:

(OWNER MUST INITIAL EACH ITEM)

- The property complies with FEMA regulations limiting the use of ground level space.
- The property owner has an active license from the Department of Business and Professional Regulation (DBPR) for use of the property as a public lodging establishment. DBPR #_____
- The property owner has an active resale certificate for sales tax issued by the State of Florida.
- The property owner collects and remits the required Tourist Development Tax pursuant to Chapter 212, F.S.
- The short term vacation rental property complies with all ordinances of the City of Indian Rocks Beach.

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 authorized in the state and county aforesaid to take acknowledgements, personally appeared _____ known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the county and state last aforesaid this _____ day of _____ 20____

(SEAL)

Notary Public

Commission Exp.

Personally known to me or Identification Produced: _____

Ord. No. 2023-02

VACATION RENTAL REGISTRATION

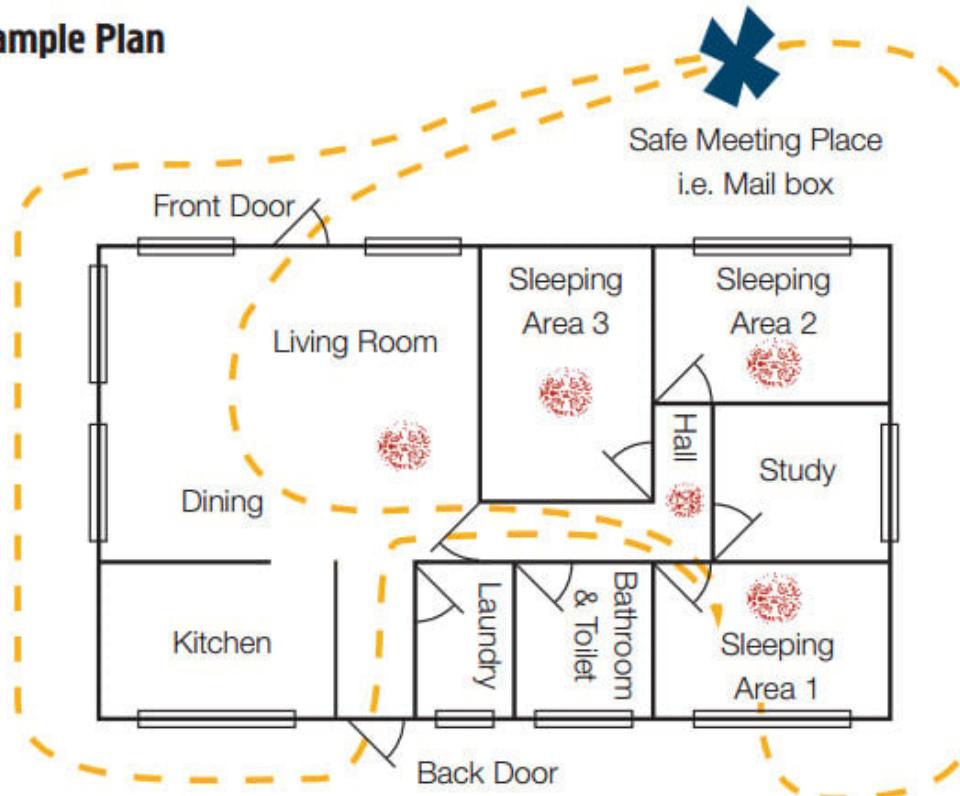
DOCUMENT CHECK LIST

THE FOLLOWING ITEMS ARE REQUIRED TO BE SUBMITED
WITH THE VACATATION RENTAL REGISTRATION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- FLORIDA DEPRATMENT OF REVENUE CERTIFICATE*
- FLORIDA DEPT OF BUSINESS AND PROFESSIONAL REGULATION LODGING
LICENSE*
- PROOOOF 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 (14)*
- NARRATIVE ON OWNER TO GUEST COMMUNICATION – SEC18 206 (14)*
- COMPLETED VACATION RENTAL REGISTRATION APPLICATION*
- IF NEW APPLICATION MUST SUBMIT WITH CITY OF INDIAN ROCKS BEACH
BUSINESS TAX RECEIPT APPLICATION (INITIAL FEE \$15.00 ANNUAL FEE \$10.00
PER UNIT)*
- PHOTO OF OUTSIDE SIGN DISPLAYING BTR# AND 24/7 PHONE NO# OF
DESIGNATED RESPONSIBLE PARTY*
- VERIFICATION THAT THE PROPERTY HAS BEEN INSPECTED OR AN INSPECTION
HAS BEEN SCHEDULED WITH PINELLAS SUNCOAST FIRE RESCUE DISTRICT FOR
FIRE/ SAFETY CODE REQUIREMENTS*
- REGISTRATION FEE \$300.00 & INSPECTION FEE 150.00 PER UNIT – CHECK OR
CREDIT CARD ACCEPTED*

Sample Plan



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:

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

