



# City of Indian Rocks Beach

Vacation Rental Renewal Application

1507 Bay Palm Blvd

Indian Rocks Beach, FL 33785

BTR#		VRR#	
<b>VACATION RENTAL LOCATION</b>			
Vacation Rental Address			
Number of Bedrooms		Number of Occupants	Application Date
<b>VACATION RENTAL RENEWAL APPLICANT INFORMATION - OWNER</b>			
Last Name		First	M.I.
Street Address			Apartment/Unit #
City		State	Zip
Phone			E-mail Address
<b>MANAGEMENT COMPANY INFORMATION</b>			
Name			
Business Address			
Rental Agent			
Phone			Email Address
<b>DESIGNATED RESPONSIBLE PARTY INFORMATION</b>			
Name		Street Address	State
Home Phone		Business Phone	Cell Phone
E-mail Address			
<b>THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION</b>			
<input type="checkbox"/>	Copy of Vacation Rental's current and active license as a transient public lodging establishment with the Florida Department of Business and Professional Regulations (DBPR) (Attach Copy).		
<input type="checkbox"/>	Copy of the Vacation Rental's current and active certificate of registration with the Florida Department of Revenue for the purpose of collecting and remitting sales surtaxes, transient rental taxes, and any other taxes required by law to be remitted to the Florida Department of Revenue (Attach copy).		
<b>RENEWAL FEES</b>			
• Business Tax Receipt		\$10.00 per unit	
• Vacation Rental Registration Renewal		\$300.00 per unit	
• Inspection		\$150.00 per unit	
<b>FIRE SAFETY INSPECTION COMPLETED BY PSFRD IS REQUIRED</b>			
<b>DISCLAIMER &amp; SIGNATURE</b>			
I certify that my answers are true and complete to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.			
Signature_____		Date_____	

SUBMIT COMPLETED APPLICATIONS TO GORDANA KLJUCEVIC VIA EMAIL, GORDANAK@IRBCITY.COM  
CALL 727-595-2517 WITH QUESTIONS