

**APPLICATION FOR TOURIST DEVELOPMENT TAX
SUWANNEE COUNTY
CONFIDENTIAL**

1. OWNER INFORMATION

Owner's Name: _____
S.S. or FEI Number: _____ Phone Number: (____) _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Fax: (____) _____ E-Mail Address: _____

2. RENTAL PROPERTY INFORMATION

Physical Address: _____
City: _____ State: _____ Zip Code: _____
State Sales Tax Number: _____
Tangible Personal Property Tax Number: _____
Real Property Tax Number: _____
Occupational License No.: _____

3. TYPE OF RENTAL

<input type="checkbox"/> Apartment	<input type="checkbox"/> RV/Mobile Home Park
<input type="checkbox"/> Boarding Room	<input type="checkbox"/> Single Family Home
<input type="checkbox"/> Campground	<input type="checkbox"/> Time Share
<input type="checkbox"/> Condominium	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hotel/Motel	

4. TYPE OF BUSINESS

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Association
<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____

5. BEGINNING RENTAL DATE _____ **INSIDE or OUTSIDE city limits?**
(Circle One)

6. NUMBER OF UNITS _____

7. DEALER INFORMATION (If Applicable)

Name: _____
Address: _____
City _____ State: _____ Zip Code: _____

8. BANK INFORMATION

Bank Name: _____ Account No. _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: (____) _____ Business Acct _____ Personal Account _____

9. SELECT MAILING ADDRESS

1. _____ 2. _____ 3. _____
Property Owner's Address Rental Property Address Dealer's Address

10 Signature: _____ Date: _____
Applicant's Name: _____

TOURIST DEVELOPMENT TAX EXEMPTION AFFIDAVIT

Under Penalty of perjury, I _____ do hereby certify that I am exempt from the Tourist Development Tax for the following reason:

_____ My rental property is leased for more than (6) months.
COPY OF CURRENT LEASE ENCLOSED. (according to Florida Statute 212.03(4))

_____ I am exempt from collecting state sales tax, my exemption number issued by the Department of Revenue is: _____

SIGNATURE _____ DATE _____

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN EXEMPTION FROM THE COLLECTION OF THIS TAX IS A CRIMINAL OFFENCE. AFFIANT WILL BE SUBJECT TO PROSECUTION.

INSTRUCTIONS

1. Owner Information

Enter the owner's name (i.e., individual, corporation, partnership, etc.) address, social security or Federal ID number, phone number, fax number and E-mail address.

2. Rental Property Information

Enter the actual physical location (street address) of the rental property. A post office box is not an acceptable address.

Enter your State Sales Tax Number, Tangible Personal Property Tax Number and Real Property Tax Number, and County Occupational License Number, if applicable.

3. Type of Rental

Place a check mark on the appropriate line indicating type of rental. If "Other", please state the type in the space provided.

4. Type of Business

Place a check mark on the appropriate line indicating type of business. If "Other", please state the type in the space provided.

5. Beginning Rental Date

Enter the date that you began renting this property.

Indicate whether the rental property is located inside or outside the city limits.

6. Number of Units

Indicate the number of rental units located at the rental property address.

7. Dealer Information

Enter the dealer's name (i.e., operator, property manager, etc.), address and telephone number. The dealer's information relates to those individuals responsible for the business aspects of the rental property. If the owner acts as the dealer, enter "Same".

8. Bank Information

Enter the name of the bank, address, telephone number and account number where the business bank account is located.

9. Select Mailing Address

Place a check mark on the line indicating the address you wish the tax returns and related information to be mailed. 1 is the Owner's address, 2 is the Rental address, and 3 is the Dealer's address.

10. All forms must contain the signature and printed name of the appropriate authorized person.