

Application for Collective Registration of Living or Sleeping Accommodations

DR-1C R. 03/20 Rule 12A-1.097, F.A.C. Effective 03/20 Page 1 of 4

Transient rental accommodations include each living quarter or sleeping or housekeeping accommodation provided to the public for periods of six months or less for consideration. See Rule 12A-1.061, Florida Administrative Code (F.A.C.).

Purpose of Application: This application allows an agent, representative, or management company to register multiple transient rental accommodations located in a single county on behalf of each owner to collect, report, and remit sales taxes on the rental, lease, letting, or granting of a license to use the transient rental accommodations. The agent, representative, or management company will collect, report, and remit sales and use tax, any applicable discretionary sales surtax, plus any local option transient rental tax to the Department of Revenue on behalf of each owner. **This application cannot be used to register commercial rental property.**

Written Agreement Required: The agent must maintain on file a written agreement with the property owner to register on the owner's behalf. A suggested format of the written agreement is provided on the next page.

Agent Must be Registered in Each County: The agent must have a sales and use tax certificate number for each county in which transient rental accommodations are located, and for which the agent collects taxable rent. To obtain certificates for additional counties, agents must submit a *Florida Business Tax Application* (online or paper Form DR-1) incorporated by reference in Rule 12A-1.097, F.A.C., for each county.

One County Per Application: Properties listed on a single application must be located in the same county. To register properties in more than one county, submit a separate application for each county.

Property Owner Information: Complete the "Individual Property Location Information" section for each property owner or attach a schedule to the application containing the required property owner information. Be sure to include the property owner's certificate of registration number when the property has been previously registered. A sales and use tax *Certificate of Registration* (Form DR-11) will be issued to each property owner and mailed to the agent, representative, or management company. A letter containing the property's certificate number and the name of the agent, representative, or management company will be mailed to the property owner.

If you are registering a time-share unit, check the box to indicate the property is a time-share unit. Include only the unit number or other time-share designation. A *Certificate of Registration* will be issued in the name of the agent, representative, or management company.

Property Owner's Federal Identification Number: A Federal Employer Identification Number (FEIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) is required for each property owner. SSNs are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit the Department's website at **floridarevenue.com/privacy** for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Suggested format for rental property written agreement:

I, her	eby authorize
(Name of Property or Time-Share Period Owner)	(Name of Agent, Representative, or Management Company)
to act as my agent to rent, lease, let, or grant a license to other	ners to use my described property (properties) or time-share
period (periods) located at	
and to register to charge, collect, and remit sales tax levied u	under Chapter 212, Florida Statutes (F.S.), to the
Department of Revenue. I acknowledge that, by renting, leas	sing, letting, or offering a license to others to use any
transient accommodations, as defined in Rule 12A-1.061, Flo	orida Administrative Code (F.A.C.), I am exercising a
taxable privilege under Chapter 212, F.S., and as such acknowledge.	owledge that I am ultimately liable for any sales tax due the
State of Florida on such rentals, leases, lets, or licenses to u	se. I fully understand that should the State be unable to
collect any taxes, penalties, and interest due from the rental,	lease, let, or license to use my property, a warrant for such
uncollected amount will be issued and becomes a lien agains	st my property until satisfied.
Signature of Property Owner/Lesson	Signature of Agent, Representative, or Management Company



Application for Collective Registration of Living or Sleeping Accommodations

DR-1C R. 03/20 Page 3 of 4

Agent, Representative, or Management Company Sales and Use Tax Registration Information

· · · · · · · · · · · · · · · · · · ·								
Name of Agent, Representative, or Management Company			Agent's Certificate Number for this County County Name					
Mailing Address			City		State	<u> </u>	ZIP C	odo
Mailing Address			City		State		ZIPC	ode
Name of Contact Person			Signature of Agent			Date		
Contact Person's Telephone Number	Agent's Name Printed or Typ	ped						
Under the penalties of perjury, I facts stated in it are true.	declare that I h	ave reac	d the infor	mation pro	ovided in	this ap	plication	and the
Signature of Agent, Representative, o	or Management Co	ompany	Date					
Print or Type the Name Signed Abov	е		Title					
Mail to: Account Management MS 1-57: Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0160 Individual Property Location					Check th	is box if this p	property is a time	e-share unit. □
Name of Property Owner (or time-share unit number/designat			Property Owner's	SSN, FEIN or ITIN		Beginning D	ate of Manager	nent Agreement
Type of Ownership O Sole Proprietor O Partnership	Corporation C Lim	ited Liability	Company	C Business T	rust O No	on-Busines	ss Trust	C Estate
Street Address of Property			City		County		ZIP (ode
Property Owner's Mailing Address		City		State	ZIP Code	Ow	/ner's Telephon	e Number
If owner has a sales and use tax certificate number, provide it	here.		DOR USE ONLY					
Individual Property Location	Information				Check th	is box if this p	property is a time	e-share unit.
Name of Property Owner (or time-share unit number/designation)			Property Owner's SSN, FEIN or ITIN Beginning Date of Management Agreement					
Type of Ownership			Tropony omicro	·			3	nent Agreement
C Sole Proprietor C Partnership C	Corporation O Lim	ited Liability		O Business T	rust O No	on-Busines		C Estate
Street Address of Property	Corporation C Lim	ited Liability		O Business T	rust O No	on-Busines		C Estate
<u> </u>	Corporation C Lim	ited Liability	Company	O Business T			ss Trust	C Estate

Application for Collective Registration of Living or Sleeping Accommodations

(Copy this page for additional sheets) Page

Name of Agent, Representative, or Management Company	Agent's Certificate Number for this County			County Name				
Individual Property Location Information				Check thi	is box if this property is	s a time-share unit.		
Name of Property Owner (or time-share unit number/designation)			Property Owner's SSN, FEIN or ITIN			Beginning Date of Management Agreement		
Type of Ownership C Sole Proprietor Partnership Corporation Lim	nited Liability	Company	C Business Trus	st O No	n-Business Trus	t C Estate		
Street Address of Property		City		County		ZIP Code		
Property Owner's Mailing Address	City		State	ZIP Code	Owner's Tel	 ephone Number		
If owner has a sales and use tax certificate number, provide it here.		DOR USE ONLY						
Individual Property Location Information		•		Check thi	is box if this property is	s a time-share unit.		
Name of Property Owner (or time-share unit number/designation)		Property Owner's	SSN, FEIN or ITIN		Beginning Date of Ma	anagement Agreement		
·	nited Liability	Company	O Business Trus	st O No	n-Business Trus			
Street Address of Property		City		County		ZIP Code		
Property Owner's Mailing Address	City		State	ZIP Code	Owner's Tel	lephone Number		
If owner has a sales and use tax certificate number, provide it here.		DOR USE ONLY						
Individual Property Location Information				Check thi	is box if this property is	s a time-share unit.		
Name of Property Owner (or time-share unit number/designation)		Property Owner's	SSN, FEIN or ITIN		Beginning Date of Ma	anagement Agreement		
Type of Ownership O Sole Proprietor O Partnership O Corporation O Lim	nited Liability	Company	O Business Trus	st O No	n-Business Trus	t C Estate		
Street Address of Property		City		County		ZIP Code		
Property Owner's Mailing Address	City		State	ZIP Code	Owner's Tel	 ephone Number		
If owner has a sales and use tax certificate number, provide it here.		DOR USE ONLY						
Individual Property Location Information				Check thi	is box if this property is	s a time-share unit.		
Name of Property Owner (or time-share unit number/designation)		Property Owner's	SSN, FEIN or ITIN		Beginning Date of Ma	anagement Agreement		
Type of Ownership Sole Proprietor Partnership Corporation Lim	nited Liability	Company	O Business Trus	st C No	n-Business Trus	t C Estate		
Street Address of Property		City		County		ZIP Code		
Property Owner's Mailing Address	City	I	State	ZIP Code	Owner's Tel	 ephone Number		
If owner has a sales and use tax certificate number, provide it here.		DOR USE ONLY						