

Hillsborough County Tourist Development Tax Application

			Date Set Up	:
FILING INFORMATION Select one. New Application Change in Ownership			Initials:	
		nip	*FOR	OFFICE USE ONLY*
BUSINESS INFORMATION Thi	s will be used as your pri	mary mailing	g address.	
Business Name (If Applicab	ole)			
Owner Name	,			
ederal Tax ID/Social Security Number		Florida Sales Tax Number		
Mailing Address		City	State	Zip
Phone Number	Email			
	MATION For multiple prop	perties, plea	se attach additio	nal sheet.
PHYSICAL PROPERTY INFOR				
		City	State	Zip
Mailing Address		City	State	Zip
Mailing Address Business Phone Number	DRMATION (If Any)	City	State	Zip
Mailing Address Business Phone Number ADDITIONAL CONTACT INFO	DRMATION (If Any)	City	State	Zip
Mailing Address Business Phone Number ADDITIONAL CONTACT INFO	DRMATION (If Any) Email	City	State	Zip
Mailing Address Business Phone Number ADDITIONAL CONTACT INFO		City	State	Zip
Mailing Address Business Phone Number ADDITIONAL CONTACT INFO			State Family Dwelling	Zip
Mailing Address Business Phone Number ADDITIONAL CONTACT INFO Name Phone Number RENTAL TYPE	Email	Singl		
Mailing Address Business Phone Number ADDITIONAL CONTACT INFO Name Phone Number RENTAL TYPE Apartment	Email Condominium	Singl	e Family Dwelling erty Managemen	
Mailing Address Business Phone Number ADDITIONAL CONTACT INFO Name Phone Number RENTAL TYPE Apartment Bed & Breakfast Campground	Email Condominium Hotel/Motel Mobile Home Park	Single	e Family Dwelling erty Managemen	†
Bed & Breakfast	Email Condominium Hotel/Motel Mobile Home Park	Single Prop	e Family Dwelling erty Managemen er	†

by the applicant is confidential as provided in Section 213.053 F.S. and is not subject to Florida Public Records Law, Section 119.07 F.S. By provideing an email address above, you consent to electronic communications, reporting, and filing. Under penalty of perjury, I declare that I have read the fore stated in in are true.

Signature _______ Printed Name _______ Date _______