

DBPR HR-7028 – Division of Hotels and Restaurants Application for Vacation Rental or Timeshare Project License

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 Blair Stone Road, Florida 32399-0783

850.487.1395 – Web: www.MyFloridaLicense.com/contactus/ & www.myfloridalicense.com/DBPR/hotels-restaurants/

Section 1 – License Type

Please check the box that best describes the establishment type (see instructions for definitions).

Vacation Rental: Condominium (2006) Dwelling (2007) Timeshare Project (2022): Project Number

Classification: Check one box that best describes the license classification.

Single (SNGL) Group (GRP) Collective (CLCT)

Number of Rental Units: (NOTE: There is a 75-unit limit for collective licenses.)

Section 2 – Application Information

Please check the appropriate box and provide information as applicable.

Federal Employers Identification Number (FEIN)
(For businesses and corporations)

Social Security Number (REQUIRED)*
(For president, primary shareholder, partner or individual)

Sales Tax Number (Check if exempt)

Opening Date (MM/DD/YYYY)

* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

Section 3 – Owner and Main Address (MA)

Note: This address will be designated as the "address of record" for the owner of this establishment.

FOR ESTABLISHMENTS OWNED OR OPERATED BY PARTNERSHIPS, CORPORATIONS OR COOPERATIVES, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity and the name, address, and social security numbers* of each officer, director, chief executive, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity.

Owner Name (please check one: Corporation Partnership Individual)

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City State Zip Code (+4 optional)

Florida County (if applicable) Country

Phone Number E-Mail Address

Section 4 – Establishment Location Information (LL)

Note: For more than one rental unit, please list one building address as the "main" unit and attach a list of all other rental units.

Establishment Name (DBA)

Street Address

City Zip Code (+4 optional) Florida County

Phone Number E-Mail Address

Section 5 – Mailing Information (LM)

Note: This address will be used by the department for any mailings.

Complete below or check here if: Same as Section 3 – Owner and Main Address Same as Section 4 – Establishment Location

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City State Zip Code (+4 optional)

Florida County (if applicable) Country

Phone Number E-Mail Address



Section 6 - License Modifier

Seasonal: Will this establishment be operated only during a particular time period during the year? Yes No
If Yes, indicate the seasonal dates in which the establishment will be open for operation below.

Start Date

End Date

Section 7 - Signature

SECTION 559.79 (2), FS: Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Applicant Name

Applicant Title

Signature

Date

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If applying by mail complete the application and supporting documents and mail them with the appropriate fees to:

**Division of Hotels and Restaurants
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783**

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Reminder: [Create your Online Account](#) to print and manage your license.