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**ST. JOHNS COUNTY TAX COLLECTOR
TOURIST DEVELOPMENT TAX APPLICATION**

Business Name: _____

Owner Name: _____

Contact Name: _____

Email Address: _____

Rental Location: _____

Street City State

Zip Code Phone Fax

Mailing Address: _____

Street/PO Box City State

Zip Code Phone Fax

Beginning Date for Short Term Rentals: _____ Number of Units: _____

Sales Tax Number: 65 – 80 _____

Accommodation Type: Please Circle

Hotel/Motel Condo/Coop Apartment/House/MH RV/Campground Bed & Breakfast

Applicant's Signature: _____ Date: _____

For TDT Office Only: Date received in TDT office ____/____/____ By: _____

Business Tax Receipt Number: _____ Tourist Account: _____