



**Application for Collective Registration
For Rental of Living or Sleeping Accommodations**

PURPOSE OF APPLICATION: This application allows an agent to register multiple living or sleeping accommodations located in the same county. The accommodations must be properties for which the agent collects taxable rent on each owner's behalf. **This application may not be used to register commercial rental property.**

SALES AND USE TAX NUMBERS: The agent must have a Florida sales and use tax registration number for each county in which living or sleeping accommodations are located and for which the agent collects taxable rent. The agent can submit more than one Application to Collect Tax in Florida (Form DR-1) along with this application to obtain sales and use tax numbers for additional counties.

RENTAL LOCATIONS IN MULTIPLE COUNTIES: The agent must have a sales and use tax registration number for each county in which rental property is managed. A separate Application for Collective Registration for Rental of Living or Sleeping Accommodations (Form DR-1C) must be used for each county.

WRITTEN AGREEMENT REQUIRED: The agent must have a written agreement with the living or sleeping accommodation owner to register on behalf of the owner. A copy of the written agreement must be maintained by the agent. A suggested format of the written agreement is provided on the next page.

RENTAL PROPERTY OWNER INFORMATION: The agent may attach a schedule instead of completing the individual property information. The schedule must contain the property owner's name; federal employer identification number (FEIN), if applicable; mailing address; the location address of the property; and an indication of whether the property is located within a city's limits. For time-share units, include only the unit number or other designation; the unit's location address; and an indication of whether the unit is located within a city's limits. The agent's sales tax registration information must be submitted with the attached schedule. The agent's name and sales tax registration number must be included on this application and the attached schedule.

A sales and use tax registration number will be issued for each living or sleeping accommodation in the owner's name. Time-share unit registrations will be issued in the name of the agent. The Sales and Use Tax Certificate of Registration (Form DR-11) for each living or sleeping accommodation or time-share unit will be mailed to the agent. A letter of notification containing the property's sales and use tax certificate number will be mailed to the property owner.

REGISTRATION FEE: A \$5.00 registration fee is required for each living or sleeping accommodation or time-share unit location included in this application.

WHERE TO APPLY: This application (including applicable fees) may be mailed to the nearest Department of Revenue service center (listed on next page) or to the following address:

CENTRAL REGISTRATION
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100

If you need assistance with this application, please call Central Registration, Monday - Friday, 8 a.m. - 5 p.m., ET, at 850-488-9750 or your nearest Department of Revenue service center.

Florida Department of Revenue Service Centers

Alachua Service Center

14107 US Highway 441 Ste 100
Alachua FL 32615-6390
386-418-4444 (ET)

Clearwater Service Center

Arbor Shoreline Office Park
19337 US Highway 19 N Ste 200
Clearwater FL 33764-3149
727-538-7400 (ET)

Cocoa Service Center

2428 Clearlake Rd Bldg M
Cocoa FL 32922-5731
321-504-0950 (ET)

Coral Springs Service Center

Florida Sunrise Tower
3111 N University Dr Ste 501
Coral Springs FL 33065-5090
954-346-3000 (ET)

Daytona Beach Service Center

1821 Business Park Blvd
Daytona Beach FL 32114-1230
386-274-6600 (ET)

Fort Myers Service Center

2295 Victoria Ave Ste 270
Fort Myers FL 33901-3871
239-338-2400 (ET)

Fort Pierce Service Center

Benton Building
337 N US Highway 1 Ste 207-B
Fort Pierce FL 34950-4255
772-429-2900 (ET)

Hollywood Service Center

Taft Office Complex
6565 Taft St Ste 300
Hollywood FL 33024-4044
954-967-1000 (ET)

Jacksonville Service Center

921 N Davis St A250
Jacksonville FL 32209-6829
904-359-6070 (ET)

Key West Service Center

3118 Flagler Ave
Key West FL 33040-4602
305-292-6725 (ET)

Lake City Service Center

1401 W US Highway 90 Ste 100
Lake City FL 32055-6123
386-758-0420 (ET)

Lakeland Service Center

230 S Florida Ave Ste 101
Lakeland FL 33801-4625
863-499-2260 (ET)

Leesburg Service Center

1415 S 14th St Ste 103
Leesburg FL 34748-6686
352-315-4470 (ET)

Maitland Service Center

Ste 160
2301 Maitland Center Parkway
Maitland FL 32751-4192
407-475-1200 (ET)

Marianna Service Center

4230 Lafayette St Ste D
Marianna FL 32446-8231
850-482-9518 (CT)

Miami Service Center

8175 NW 12th St Ste 119
Miami FL 33126-1828
305-470-5001 (ET)

Naples Service Center

3073 Horseshoe Dr S Ste 110
Naples FL 34104-6145
239-434-4858 (ET)

Orlando Service Center

AmSouth Bank Building
5401 S Kirkman Rd 5th Floor
Orlando FL 32819-7911
407-903-7350 (ET)

Panama City Service Center

703 W 15th St Ste A
Panama City FL 32401-2238
850-872-4165 (CT)

Pensacola Service Center

3670C N L St
Pensacola FL 32505-5217
850-595-5170 (CT)

Port Richey Service Center

6709 Ridge Rd Ste 300
Port Richey FL 34668-6842
727-841-4407 (ET)

Sarasota Service Center

Sarasota Main Plaza
1991 Main St Ste 240
Sarasota FL 34236-5940
941-361-6001 (ET)

Tallahassee Service Center

2410 Allen Rd
Tallahassee FL 32312-2603
850-488-9719 (ET)

Tampa Service Center

Ste 100
6302 E Martin Luther King Blvd
Tampa FL 33619-1166
813-744-6344 (ET)

West Palm Beach Service Center

2468 Metrocentre Blvd
West Palm Beach FL 33407-3105
561-640-2800 (ET)

CT—Central Time
ET—Eastern Time

Suggested format for rental property written agreement:

I, _____ (Name of Property or Time-Share Period Owner), hereby authorize _____ (Name of Agent, Representative, or Management Company) to act as my agent to rent, lease, let, or grant a license to others to use my described property (properties) or time-share period (periods) located at _____ (use additional paper, if necessary) and to charge, collect, and remit sales tax levied under Chapter 212, Florida Statutes (F.S.), to the Department of Revenue. I acknowledge that, by renting, leasing, letting, or offering a license to others to use any transient accommodations, as defined in Rule 12A-1.061, Florida Administrative Code (F.A.C.), I am exercising a taxable privilege under Chapter 212, F.S., and as such acknowledge that I am ultimately liable for any sales tax due the State of Florida on such rentals, leases, lets, or licenses to use. 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 against my property until satisfied.

Signature of Property Owner/Lessor

Signature of Agent, Representative, or Management Company



**Application for Collective Registration
For Rental of Living or Sleeping Accommodations**

**DR-1C
R. 11/04**

MAIL TO:
CENTRAL REGISTRATION
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE FL 32399-0100

Agent/Representative/Management Company Sales Tax Registration Information

_____	_____
Agent/Representative/Management Company Name	Florida Sales and Use Tax Registration Number for this County
_____	_____
Mailing Address	Print/Type Name of Agent/Representative/Management Co.
_____	_____
Signature of Agent	Date
_____	_____
	Telephone Number

(THIS APPLICATION CANNOT BE PROCESSED WITHOUT AGENT'S SIGNATURE)

Number of Accommodations or Time-Share Units Included in this Application or Attached Schedule _____

Total Registration Fees \$ _____ County of Properties on this Application _____
(One County Per Application)

INDIVIDUAL PROPERTY LOCATION INFORMATION				
Time-Share? Yes___ No___ Effective date: _____				
Name of Property Owner(s) or Time-Share Unit #/Designation			Owner's FEIN (Not Required for Time-Share Units)	
Rental Property Address	City	County	State	ZIP
Is property located within the city limits? Yes___ No___ Property Owner's Phone Number: _____				
Owner's Mailing Address (Not Required for Time-Share Units)			City	State
			County	ZIP
For DOR Office Use Only				
Filing Frequency	S.I.C.	Kind Code	Sales and Use Tax Registration Number	
___MO ___QU ___SA ___AN ___SE	___-___-___	___-___	___-___-___-___-___-___	

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Agent/Representative/Management Company Name _____

Florida Sales and Use Tax Registration Number for this County _____

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