



**BRUCE VICKERS, CFC**  
**Osceola County Tax Collector**  
**2501 E. Irlo Bronson Memorial Hwy, P.O. Box 422105**  
**Kissimmee, Florida 34742-2105**  
**Phone(407)742-4000 Fax (407)742-4009**  
[www.osceolataxcollector.org](http://www.osceolataxcollector.org)

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**APPLICATION FOR OSCEOLA COUNTY LOCAL BUSINESS TAX RECEIPT**  
**SHORT/LONG TERM RENTAL**

(formerly known as Occupational License)  
(Please Print)

**IF YOUR BUSINESS IS LOCATED WITHIN UNINCORPORATED OSCEOLA COUNTY ZONING DEPARTMENT, APPROVAL WILL BE REQUIRED IN ORDER TO ISSUE THIS BUSINESS TAX RECEIPT.**

Osceola County Ordinance 95-10, Section 1 states, "No person shall engage in or manage any business, profession or occupation within Osceola County..." unless exempt by county, state or federal law. Failure to comply with Osceola County Ordinance 95-10 may subject your business to additional costs including but not limited to court costs, attorney fees, administrative costs and penalties up to two hundred and fifty dollars (\$250) per day.

1.  **Short Term Application** (attach a copy of State Hotel License or (HR-7028) application)  **Long Term Application**  
 **Hotel/Condo Application** (attach a copy of State Hotel License or (HR-7028) application)  
**Change of :** Check as many as apply  Management  Owner  Mailing Address  Update  Other

2. **Rental Property Address :** *Enter physical location of the Rental Property*  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. **Location Boundary:** Check only one  In Osceola County **and** limits of city listed in Section 2  In Osceola County  
**Parcel ID Number:** (provided by the Tax Collectors office) \_\_\_\_\_  
**\*\*RESIDENTIAL RENTAL PROPERTY\*\*** (Please check the appropriate category)  
 Unit rented for 28 days or less  Unit rented for 29 days to 180  Unit rented for 181 days or more

4. **Owner Name and Address:** *Enter the applicant's legal name below*  **Mail License To This Address**  
First \_\_\_\_\_ M. \_\_\_\_\_ Last \_\_\_\_\_ Sur. \_\_\_\_\_  
First \_\_\_\_\_ M. \_\_\_\_\_ Last \_\_\_\_\_ Sur. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Province \_\_\_\_\_ Country \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Bus. Website Address: \_\_\_\_\_

5. **Management Company Name and Address:**  **Mail License To This Address**  
Name \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Bus. Website Address: \_\_\_\_\_

6. **Estimated Original Cost of the Equipment to be used in the Business \$** \_\_\_\_\_  
**Homeowners Social Security Number/TIN # or attached completed copy of a W-7 Form:** \_\_\_\_\_  
(The Osceola County Tax Collector is required to collect Social Security numbers for the purposes of identification, and to fulfill reporting requirements in all phases of Statutory, Administrative, and Local Government Ordinance requirements.)  
**Homeowners State Sales Tax Number: 59-** \_\_\_\_\_  
**Other:** \_\_\_\_\_

7. **Affidavit: Carefully review and sign the following affidavit**  
(1) I, the undersigned, swear this application (including addendum and all other attachments) is true and correct. (2) I acknowledge and understand that a local county business tax receipt (previously referred to as an occupational license) is issued pursuant to this application is for the privilege of doing business in Osceola County and does not waive Florida's licensing, registration, and/or certification requirements, nor does it waive any other such requirements of any city, county, state or federal authority that must be met prior to engaging in or entering into the activity, business, profession or occupation for which this application is being made. (3) I specifically acknowledge that a business tax receipt issued pursuant to this application does not indicate that the parcel of land upon which the business intends to operate is properly zoned for the activities in question and that it is the responsibility of the business to verify same with the appropriate zoning authority prior to commencing its activities or operations. (4) I also affirm that I, the business owner/principle of record indicated hereon, is **in compliance or will comply with all federal, state and legal requirements.**  
**Owner/Mgmt. Co. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Receipt Fee:** \_\_\_\_\_

Once completed, please submit this application with payment to Bruce Vickers, Tax Collector. Use the above listed address when mailing in your application.