



# BRUCE VICKERS, CFC, CFBTO, ELC.

★ Osceola County Tax Collector ★

2501 E. Irlo Bronson Memorial Hwy. / P.O. Box 422105 / Kissimmee, Florida 34742-2105

Phone 407-742-4000 / Fax 407-742-4008

[www.osceolataxcollector.org](http://www.osceolataxcollector.org)

## Instructions & Information for Completing a Short Term Local Business Tax Receipt Application

**A copy of the State Hotel License or application must accompany the Local Business Tax Receipt application**

1. Check the appropriate reason for the application:  
Short Term Application, Long Term Application, Hotel/Condo Application  
(Check all that apply) Change of Management: Owner, Mailing Address, Update or Other
2. Rental Property Address (*Full physical location of the property located in Osceola County*)
3. Location Boundary: (*Check only one*) City Limits or Osceola County  
Rental units located inside city limits may also require a City Occupational License.  
City of Kissimmee 407-518-2120  
(*Location Boundary is the Tax District on Property Appraiser Records*)  
To verify log on to [www.property-appraiser.org](http://www.property-appraiser.org) Tax District 200 is City of Kissimmee, 300 or 400 are County  
Parcel ID Number will be provided by our office.
4. Rental Property Homeowner information  
Owner Name (*Full Legal Name*)  
If the property is owned by the owner's Corporation Name, a copy of the Florida Articles of Corporation are required.  
Owner's Residential Address (*The physical address where the owner lives on a permanent basis*)  
Owner's Residential Phone Number, Fax Number and Cell Number
5. Management Company Information.  
Mgmt. Company Name (as registered with our department and no abbreviations) and Contact Person (*full name*)  
Mgmt. Company Address  
Mgmt. Company Phone Number, Fax Number and Cell Number  
Mgmt. Company E-Mail Address and Website Address
6. \*Estimated Original Cost of the Equipment to be used in the Business (*This information is required*)  
"Estimate Original Cost of Equipment" would be what the business owner paid for any and all items used in the Business including the delivery, installation and sale taxes of such items, regardless of how it was purchased. If some items were not purchased but were gifts, the business owner would include these items estimating (to the best of his/her knowledge) their value.  
  
\* Rental Property Homeowner Social Security Number, Federal Tax ID # (TIN) or attach a copy of the W-7 form  
(*You must provide one or the other when submitting the application*)  
  
\* Rental Property Homeowner State Sale Tax Number  
  
Please check the appropriate **Mail License To This Address** box.
7. Please Carefully Review and Sign the Affidavit (**Application must be signed and dated**)

**St. Cloud Branch Office**  
1300 9th Street / Ste. 101B  
St. Cloud, Florida 34769

**Buenaventura Lakes Branch Office**  
2595 Simpson Road  
Kissimmee, Florida 34744

**Campbell City Branch Office**  
4730 S. Orange Blossom Trail  
Kissimmee, Florida 34746



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Return the application with the Receipt Fee Amount and a copy of the current State Hotel License or a copy of the application (form # DBPR HR-7028) that was submitted to the Dept. of Business & Professional Regulation-Division of Hotel & Restaurant for Resort Condominium or Resort Dwelling license. The form is available on the DBPR website at [www.myflorida.com/dbpr](http://www.myflorida.com/dbpr).

Management Companies with a State Collective/Group Licenses must attach a copy of the application that was submitted to the State showing the addition of the new property under their collective/group license along with their current State Hotel Collective/Group license.

To obtain the **DBPR HR-7028** form, log on to [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr).

Click on Forms, and then click under Lodging on Application Packets and Forms. Scroll down to DBPR HR-7028 Application for Resort Condominium or Resort Dwelling License (*the form is available in Word or Pdf file*), click on **Word** or **Pdf**.

If you provide us with a copy of the State Hotel application, we will need to receive a copy of the State Hotel License once it is approved. **Please fax a copy to 407-742-4009.**

Please contact the Internal Revenue Service at 1-800-829-1040 or log on to [www.irs.gov](http://www.irs.gov), to obtain information on Federal Tax ID (TIN) number or to obtain the **W-7 form** application.

**Failure to maintain the short term rental Local Business Tax Receipt may result in loss of Zoning approval.  
When you terminate management of a rental property,**

Notify the Tourist Tax/Local Business Tax Department in writing, on your Management Company letterhead the date you terminated management, the location of the unit, the owner(s) name and current mailing address.

The Tourist Tax account and Local Business Tax Receipt will be updated. Please remember to remove the rental unit from your Schedule A.

### Local Business Tax Receipt Fees

From October 1<sup>st</sup> to March 31<sup>st</sup> - **\$30.00**  
From April 1<sup>st</sup> to June 30<sup>th</sup> - **\$15.00**  
From July 1<sup>st</sup> to September 30<sup>th</sup> - **\$45.00**

### Renewal Penalty Fees

October payment - **\$33.00**  
November payment - **\$34.5**  
December payment - **\$36.00**  
January payment - **\$37.50**  
Maximum Fee - **\$37.50**

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