



SHORT TERM VACATION RENTAL APPLICATION FOR REGISTRATION

City of Dunedin, Florida ♦ Community Development Department
737 Loudon Avenue, Suite 137, Dunedin, FL 34698 ♦ 727-298-3210

Please complete this application and submit to the Community Development Department for review and approval.

I. SHORT TERM VACATION RENTAL PROPERTY INFORMATION

Street Address: _____ City / State / Zip: _____

Number of Rental Units on Property: _____

II. PROPERTY OWNER INFORMATION

Owner's Name: _____

Owner's Address: _____

Phone Number: _____ Email: _____

III. RESPONSIBLE PARTY INFORMATION

[THE RESPONSIBLE PARTY SHALL BE AVAILABLE AT THE EMERGENCY PHONE NUMBER LISTED BELOW TWENTY-FOUR (24) HOURS, SEVEN (7) DAYS A WEEK.]

Responsible Party's Name: _____

Responsible Party's Address: _____ City / State / Zip: _____

Emergency Phone Number: _____ Email: _____

IV. REQUIRED ATTACHMENTS

The following must be submitted with this application. Incomplete applications will not be accepted.

1. Proof of Registration with the Florida Department of Revenue for sales tax collection and Pinellas County Tourist Development Tax.
2. Proof of Licensure with the Florida Department of Business and Professional Regulation for Vacation Rental.
3. Business Tax Receipt from the City of Dunedin
4. Proof of General Liability insurance.
5. Proof of passing an initial Business Tax Receipt fire inspection.
6. Short Term Vacation Rental Annual Registration Fee of \$200.00 per rental unit.

V. APPLICANT'S ACKNOWLEDGEMENT

I, the undersigned, do hereby acknowledge that the information given in this application is complete and accurate, and I understand that to make false statements within this application may result in denial of application and possible legal action. If granted a Short Term Vacation Rental Registration, I agree to operate within all applicable City and State laws, and to notify the City if any of the information I have given changes. I further acknowledge that no portion of the Short Term Vacation Rental Annual Registration fee is refundable, and in the event of non-compliance this application and the registration shall be subject to revocation. I further acknowledge that I have received a copy, reviewed and understand the requirements in Section 103-14.7 – SHORT TERM VACATION RENTALS of the City of Dunedin's Land Development Code.

Property Owner's Signature: _____ Printed Name: _____

**STATE OF FLORIDA
COUNTY OF PINELLAS**

The instrument was acknowledged before me on this _____ day of _____ 20____,

by _____, who is personally known to me or produced identification.

NOTARY PUBLIC
My commission expires: _____

OFFICE USE ONLY

ZONING APPROVAL:
Name: _____
Signature: _____
Date: _____