



Rev. Date: 06-2023

**SHORT-TERM RENTAL HOUSING LOCAL  
BUSINESS TAX CHECK LIST**  
1065 Ridgewood Avenue, Holly Hill, Florida 32117-2807  
Phone:(386) 248-9433 – Email: Permitdesk@hollyhillfl.org

### **SHORT-TERM RENTAL HOUSING LOCAL BUSINESS TAX CHECK LIST**

The following is a checklist of paperwork that may be needed for us to complete your licensing process. If you have any questions regarding these, please call our office.

**Note: This office cannot make copies of the required documents below. Please attach copies with the application.**

1. Proof of Registration with Florida Department of Revenue
2. Copy of State License
3. Copy of driver's license or another picture ID of owner of property
4. Proof of Registration with Volusia County for tourist tax
5. Proof of ownership (Warranty Deed, etc...)
6. Copy of Property Management Agreement (if applicable)
7. Proof of being registered agent of LLC, Inc., or Trust (if either is in ownership)

***ALL SHORT-TERM RENTALS ARE REQUIRED*** to be inspected by the Fire Department before applications are finalized.

***ALL BUSINESSES MUST*** obtain a Volusia County Business Tax Receipt after receiving your Holly Hill Business Tax paperwork in the mail.

This can be obtained at their website: <http://www.volusia.org/revenue/BTRHelp/New.htm>

Fictitious Name Registration, Incorporation & LLC (Limited Liability Corp) can be obtained through their website: [www.sunbiz.org](http://www.sunbiz.org)



F L O R I D A

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## SHORT-TERM RENTAL HOUSING LOCAL BUSINESS TAX APPLICATION

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### LOT LAYOUT REQUIRED WITH THIS APPLICATION

Provide Copy of 1. Color copy of Driver's License 2. Proof of Ownership

Address of Dwelling \_\_\_\_\_

Classification of Dwelling: ☐ Single-Family ☐ Duplex ☐ Triplex ☐ Townhome

What is the Sq. Footage? \_\_\_\_\_

Owner of Dwelling \_\_\_\_\_

Owner Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner Email: \_\_\_\_\_ Owner Phone # (\_\_\_\_) \_\_\_\_\_

Where do you want all mail sent? ☐ Owner Address ☐ Property Manager Address

### If Applicable

Property Management Company Name \_\_\_\_\_

Property Management Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Prop Mgmt Email: \_\_\_\_\_ Prop Mgmt Phone # (\_\_\_\_) \_\_\_\_\_

**CERTIFICATE:** I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that If any portion Is false or misrepresented, such fact may constitute a criminal violation of City Code, and cause for immediate revocation of any license issued to me.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Fire Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

LICENSE #: \_\_\_\_\_

Application Fee: 20.00

License Fee: 55.13

Technology Fee: 10.00

Fire Inspection Fee: 40.00

**TOTAL: \$125.13**