



BTR-_____ - 20_____ (To be assigned after application is received and approved)

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VACATION RENTAL LOCAL BUSINESS TAX RECEIPT APPLICATION

- ☐ A complete Application for Vacation Rental Local Business Tax Receipt (BTR), all fields must be filled out.
- ☐ **Florida Department of Business & Professional Regulation (DBPR)**
Licensure for Transient Public Lodging Establishment. www.myfloridalicense.com
- ☐ **Lee County - Clerk of Courts - Tourism Development Taxes (TDT) – Tax Account Number required**
Tourist Development Tax Local Rules and Regulations – County Code Chapter 26 Sections 26-179 through 26-187
[Lee County Clerk of the Circuit Court & Comptroller](#) – Tax Account Number required
- ☐ **Florida Department of Revenue for Sales Tax Collection – Tax Account Number required**
Tax on Sales, Use, and Other Transactions - Chapter 212, Florida Statutes. www.floridarevenue.com
- ☐ **State of Florida Division of Corporations, if applicable.**
Businesses transacting in the State of Florida may be required to register with the State of Florida. Please provide a copy of the Corporate Registration from the State of Florida Division of Corporations.
[Division of Corporations - Florida Department of State](#) – www.Sunbiz.org
- ☐ **Fictitious Name Registration from the State of Florida Division of Corporations, if applicable.**
Any business, including sole proprietorships, operating under a name other than the owner's legal name must register that fictitious name with the Division of Corporations In Florida, if you're not registering an out-of-state corporation as a Florida corporation, and you're operating under a name different from your legal business name, you need to register that name as a fictitious name (also known as a DBA) with the Florida Department of State. Required under the Fictitious Name Act (s. 865.09, F.S.).
- ☐ If applicable, proof that notice has been provided to and written consent has been given by the association, condominium, cooperative, or management of the community complex in which the Vacation Rental unit(s) or units are proposed. **Name and Address of the Association or Community Complex is required.**
- ☐ If applicable, a sketch of the location of the off-street parking spaces available to the property.

§ 11-3 – Local business tax receipts shall be issued by the License/Business Tax Division of the City Clerk beginning on September 1 of each year and shall be due and payable on or before September 30 of each year and shall expire on September 30 of the succeeding year. In the event that September 30 falls on a weekend or holiday, the tax shall be due and payable on or before the first working day following September 30. If a business, profession or occupation is commenced after September 30, the business tax for the current year must be paid prior to commencing the business, profession or occupation.

§ 11-4 - Computation of tax. When a business, profession or occupation requiring a business tax is started after the first quarter of a fiscal year, the tax will be computed on a quarterly basis.

City of Cape Coral

APPLICATION FOR VACATION RENTAL LOCAL BUSINESS TAX RECEIPT

BTR- _____ -20 _____

FEIN / EIN / TIN / SS#: _____ (REQUIRED)

Lee County Strap #: _____ (REQUIRED)

To be issued to: _____

If you registered your business name with Division of Corporation (Sunbiz.org), please list Name as listed on registration.

Name of Owner/Responsible Party: _____

Billing Address of owner/responsible party: _____

Owner Phone Number: _____ [] Cell [] Home [] Work

(Business) E-Mail Address: _____ (REQUIRED)

Account will be created with this email for access to Citizen's Self-Service (CSS) Portal online.

Address of vacation rental: _____

Unit(s) No. _____

Legal Description: _____

Property Emergency Contact Information (24 hour/7 days a week contact) – Property Manager/Agent

Name: _____

Phone No. _____

E-mail Address: _____

Other Contact Information: _____



Tourism Development Taxes (TDT) – Account # _____



FL Depart of Revenue for Sales Tax Collection – Account # _____

DESCRIPTION OF PROPERTY

License / Dwelling Type
that best describes the
establishment:

[] Condo, Dwelling [] Cooperative
[] Timeshare [] Single-Family
[] Two-Family [] Three-Family
[] Four-Family [] Other, provide details: _____

DBPR Classification:
(as listed on the Department of
Business and Professional Regulation
license)

[] **Single license** issued to an individual person or entity
[] **Group license** issued to a licensed agent to cover all units within a building or group
or buildings in a single complex
[] **Collective license** to a licensed agent who represents a collective group of houses
or units found on separate locations

(Indicate the number of each)

**Total Number of Rented
Bedrooms/Units**

fee calculated \$5.50 per # listed

Total Number of bedrooms

Please attach the following documents:

- ☐ Florida Department of Business & Professional Regulation (DBPR) www.myfloridalicense.com
Licensure for Transient Public Lodging Establishment.
- ☐ Lee County, Florida Tourism Development Taxes (TDT) Lee County Clerk of the Circuit Court & Comptroller
- ☐ Florida Department of Revenue for Sales Tax Collection. www.floridarevenue.com
- ☐ State of Florida – Division of Corporations www.Sunbiz.org
- ☐ If applicable, Fictitious Name Registration from the State of Florida Division of Corporations
- ☐ If applicable, proof that notice has been provided to and written consent has been given by the condominium, cooperative, or management of the complex in which the Vacation Rental unit(s) or units are proposed.
- ☐ If applicable, a sketch of the location of the off-street parking spaces available to the property.



CITY OF CAPE CORAL

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Owner/Responsible Party Affidavit Name: _____

(Property Manager / Authorized Agent) Name, if applicable: _____

Address: _____ Unit(s): _____

By signing below, I (we), _____, also further acknowledge that I am (we are) the owner(s) of the property described in this application and have carefully reviewed this application, provided supplemental data attached hereto and made part of this application. All the data, information, figures, and statements contained in this application are true to the best of my knowledge, belief, correct, and complete. I further understand that failure to register a vacation rental property with the City, or otherwise comply with this section, shall be a violation of this section and subject the owner to Code Compliance enforcement provisions and procedures provided in Section 2-81 through 2-96 and may result in the issuance of a citation or a notice violation/notice of hearing that may require a hearing before a special magistrate and could result in administrative fines being imposed.

I further attest that I have read the standards set forth in this application and agree to comply with the conditions imposed by the City of Cape Coral to insure compliance with such standards. I acknowledge that a departure therefrom may result in a suspension or termination of the Local Business Tax Receipt.

I understand that in applying for a vacation rental local business tax receipt in the City of Cape Coral it is my obligation to understand and comply with the rules and regulations of the City of Cape Coral. I hereby acknowledge receipt of a copy of the [City of Cape Coral, Florida Code of Ordinances](#).

APPLICANT'S SIGNATURE

DATE

Title/Capacity in relations to property (IF DIFFERENT FROM APPLICANT)

DATE

OFFICIAL USE ONLY

City of Cape Coral – City Clerk's Department - Local Business Tax Receipts (BTR) Division

Any CODE or FD Cases opened, in the last 90 days? ☐ Yes

☐ No

CODE #: _____ FIRE #: _____

CODE #: _____ FIRE #: _____

CODE #: _____ FIRE #: _____

If applicable, linked CODE or FD to Business Details ☐ Yes

☐ No

DBPR License Required? ☐ Yes

☐ No

Review Exemptions, if applicable ☐ Yes

☐ No

Approval of Vacation Rental Local BTR? ☐ Yes

☐ No

Special Notes: _____

BTR Division Staff sign-off (initials only) _____

Approval Date: _____

List of Additional Vacation Rental Properties, if applicable, for a single owner:

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