



**ISLAMORADA, VILLAGE OF ISLANDS
PLANNING AND DEVELOPMENT SERVICES DEPARTMENT**

APPLICATION FOR RENEWAL OF NEW VACATION RENTAL LICENSE AND ANNUAL REGISTRATION (Applicants who applied as "New" and received a Vacation Rental License in 2008)

Pursuant to Village Code Chapter 30, Article VI, Division 6
Application Fee: \$1,000.00

ACCEPTED BY APPOINTMENT ONLY

Please be advised, in order to be eligible to apply for a Vacation Rental License, the property must be assessed by the Monroe County Property Appraiser at a value in excess of:

\$391,200	If property is within RH or MU FLUM	Based on 600% of the 2008 median adjusted gross annual income for households within Monroe County of \$65,200.
\$586,000	If property is within RC, RL or A FLUM	Based on 900% of the 2008 median adjusted gross annual income for households within Monroe County of \$65,200.

PROPERTY OWNER / APPLICANT:

Name: _____
Mailing Address: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email: _____

AGENT (if applicable): Property Owner must submit a notarized letter authorizing the agent to act on their behalf including the agent's name, address and phone number.

Name: _____
Mailing Address: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email: _____

PROPERTY MANAGER: A delegated 24-hour contact person other than an owner who resides in the Village and is responsible for leasing or day-to-day maintenance and operation of a residential dwelling unit used as a vacation rental use.

Name: _____
Mailing Address: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email: _____

SECONDARY LOCAL CONTACT PERSON: A delegated 24-hour contact person residing in Monroe County north of the Seven Mile Bridge.

Name: _____
Mailing Address: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email: _____

LEGAL DESCRIPTION OF PROPERTY on which vacation rental license is sought:

Physical Address: _____
Key: _____ Mile Marker: _____
Lot: _____ Block: _____ Subdivision: _____
Real Estate Number: _____ Alternate Key: _____
Land Use District (Zoning): _____ Future Land Use Map Designation (FLUM): _____

REQUIRED DOCUMENTS PURSUANT TO CODE SECTION 30-1296

The Village shall consider all documents submitted and on file for **Vacation Rental License No.** _____ as part of this application.

- 1) A \$1,000 application fee payable to Islamorada, Village of Islands.
- 2) Attach a copy of **ALL** paid and filed **MONTHLY** Monroe County Tourist Development Tax receipts demonstrating vacation rental use for the most recent 12 months. **See Exhibit "A"**.

Additionally, if the Monroe County Tourist Development Taxes (Required Document No. 2) have been paid on your behalf by a rental company, the following documentation is also required:

- a. A rental agreement between the property owner and rental / property management company (*if the previously submitted rental agreement has expired*).
 - b. Monthly breakdown of rentals which includes the price per unit and the sales/tourist taxes for the most recent 12 months.
 - c. Copies of checks remitted to the property owner from the property management company on a yearly or monthly basis **or** a copy of Schedule E of the property owner's tax returns for the most recent 12 months.
- 3) Attach a copy of each **YEARLY** Monroe County Local Business Tax (formerly called Occupational Licenses) for the property, as required by the Monroe County Tax Collector, demonstrating vacation rental use most recent 12 months. **See Exhibit "B"**.
 - 4) Attach a copy of the most recently issued State Licenses, including but not limited to, all licenses from the Florida Division of Hotels and Restaurants, Florida Department of Business and Professional Regulation as required by Chapter 509, Florida Statutes, for a public lodging facility (the "Resort Dwelling/Condominium License"). **See Exhibit "C"**.

Please be advised, Applicants who submit a Collective Resort Dwelling or Collective Resort Condominium Licenses [also referred to as a "Group License"] shall also submit Form DBPR HR 7008 – Division of Hotels and Restaurants List for Collective Licenses for Resort Condominium and Resort Dwelling indicating that the List has been stamped received by the DBPR.

- 5) Three sets of mailing labels (**self-adhesive**) with the names and mailing addresses of all adjacent property owners compiled from the current tax rolls of the Monroe County Property Appraiser.
- 6) Submit an inspection report, **at time of application or prior to issuance of license**, completed by the Village Fire Chief, as evidence that the vacation rental unit meets the applicable provisions of Rule 69A-43, Florida Administrative Code and the Florida Fire Prevention Code. **Please call 305-664-4559 to schedule an inspection.**

Please submit copies of the renewed license for the local business tax (Required Document No. 3) and the state license (Required Document No. 4) to the Village as they become available.

VACATION RENTAL LICENSES ARE NOT TRANSFERABLE IN THE SALE OF A PROPERTY.

I, the Applicant, certify that I am the owner of the property and that I am familiar with the information contained in this application, and that such information is true, complete and accurate. I certify that all information required has been provided. I attest that I meet the criteria in Village Code Chapter 30, Article VI, Division 6. By my signature below, I acknowledge that I have read and fully understand the Village's vacation rental use regulations.

Signature of the Applicant grants authorization to Islamorada, Village of Islands Staff to inspect the premises of the vacation rental unit prior to the issuance of the vacation rental license and at any other time after issuance of the license concerning compliance with Islamorada, Village of Islands Code.

Signature of Property Owner / Applicant

Date

Print Name of Property Owner / Applicant

Signature of Property Owner / Applicant

Date

Print Name of Property Owner / Applicant

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,
by _____,

- Who is personally known to me;
- Whose identity I proved on the basis of _____; or
- Whose identify I proved on the oath/affirmation of _____, a credible witness.

Signature of Notary Public

SEAL:

Name of Notary printed, typed or stamped

Notary Public, State of _____

My Commission Expires _____

MONROE COUNTY TOURIST DEVELOPEMENT TAX RETURN DANISE D. HENRIQUEZ, CFC

Reporting Period: 04-2008
Sales Tax No.:
Reporting: MONTHLY

Acct#:
Delinquent if postmarked after: 05/20/2008

Mailing Address:

1. Gross Rental Receipts:	6000.00
2. Exempt Rentals:	0
3. Taxable Rentals (line 1 less line 2):	6000.00
4. Total Tax 4%:	240.00
5. Less - Collection Allowance:	6.00
6. Plus - Penalty:	0
7. Plus - Interest:	0
8. Total Amount Due:	284.00

Business Name:

Business Address:

ISLAMORADA, FL 33036

Business Phone:
Rental Type: OTHER
District: District 40
Total Units: 1

YOUR COPY

Make checks payable to: Danise D. Henriquez,
CFC

Monroe County Tax Collector
P.O. Box 1129
Key West, FL 33041-1129

INSTRUCTIONS FOR COMPLETING TAX RETURN

1. GROSS RENTAL RECEIPTS: Enter the total dollar amount of short term rentals (six month or less).
2. EXEMPT RENTAL RECEIPTS: Enter the dollar amount of any rentals covered by State and/or Federal Certificates of Exemption.
3. TAXABLE RENTAL RECEIPTS: Enter the dollar amount of taxable rental receipts (line 1 minus line 2).
4. TOTAL TAX: Enter total Tourist Development Tax collected, 4% of Line 3.
5. COLLECTION ALLOWANCE: It is 2.5% (.025) of the first \$100 of tax due from line 4, not to exceed \$30.00. After the 20th day following the reporting period, there is no entitlement to a collection allowance, and penalty & interest will apply.
6. PENALTY: After the 20th day following the reporting period, enter 10% of the amount on line 4, but in no case shall the penalty be less than \$50.00.
7. INTEREST: After the 20th day following the reporting period, contact for the current information.
8. TOTAL AMOUNT DUE: Line 4, less line 5. If later, add line 4, 6, 7 (line 5 will be zero).

SAMPLE

2004-2005

MONROE

OCCUPATIONAL TAX
STATE OF FLORIDA

ACCOUNT

EXPIRES

SEPT. 30, 2005

MUST BE DISPLAYED IN CONSPICUOUS PLACE
EMPLOYEES

ROOMS

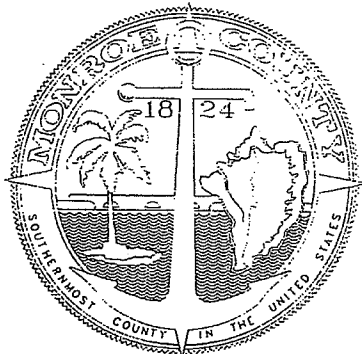
SEATS

SUPPLEMENTAL
RENEWAL
NEW TAX
TRANSFER
ORIGINAL TAX

20.00

25230 RENTAL UNIT

00 - COUNTY OF MONROE



AMOUNT
PENALTY
COLLECTION COST
TOTAL

DANISE D. HENRIQUEZ
TAX COLLECTOR
31485.0001 of 0001
DATE 8/12/04
OPER AM1
114
Paid 20.00

20.00

ALT

MES A TAX DANISE D. HENRIQUEZ TAX COLLECTOR
HEN VALIDATED PO BOX 1129, KEY WEST FL 33041-1129

THIS IS ONLY A TAX. YOU MUST
MEET ALL COUNTY AND/OR
MUNICIPALITY PLANNING AND
ZONING REQUIREMENTS.

0000000000 0000002000 0000.

1001 8

SAMPLE



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF HOTELS AND RESTAURANTS
1940 NORTH MONROE STREET
NORTHWOOD CENTRE
TALLAHASSEE

FL 32399-1015

Exhibit "C"

850-487-1395

SAMPLE

STATE OF FLORIDA AC#
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DWE 08/24/04 000000000

SINGLE RESORT DWELLING (2007)

IS LICENSED under the provisions of Ch. 509 FS.
Expiration date: OCT 1, 2005 L0

DETACH HERE

01560695

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF HOTELS AND RESTAURANTS

SEQ#L0

DATE	BATCH NUMBER	LICENSE NBR	NBR OF UNITS
08/24/2004	000000000	DWE	1

THE SINGLE RESORT DWELLING (2007)

NAMED BELOW IS LICENSED

UNDER THE PROVISIONS OF CHAPTER 509 FS.

EXPIRATION DATE: OCT 1, 2005

NON-

TRANSFERABLE

ISLAMORADA, VLG OF I FL 33036

JEFF BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW