



Visit Us Online at:  
[www.AlachuaCollector.com](http://www.AlachuaCollector.com)

Downtown Location: 12 SE 1st Street, Gainesville, FL 32601  
 Southwest Location: 3837 Windmeadows Blvd, Gainesville, FL 32608  
 Northwest Location: 5801 NW 34th Blvd, Gainesville, FL 32653

# Tourist Development Tax Registration for a Business

*Our mission is to serve the public with integrity, innovation, fiscal responsibility, and respect.*

The Alachua County Tourist Development Tax applies to anyone who owns, operates, or is an agent of transient property. If this tax applies to your business, please complete all applicable information on this form and submit by either e-mail, regular mail, fax, or deliver in-person to any of our three locations. For filing options and payment information please visit our website at: [AlachuaCollector.com](http://AlachuaCollector.com).

Once you submit this application and receive your account number, you may file and pay this monthly tax electronically through TouristExpress™ by visiting: <https://alachua.county-taxes.com/tourist>. The tax must be filed and paid by the 20<sup>th</sup> of the following month to avoid penalties. Those who file timely through TouristExpress™ will be granted a monthly collection allowance up to \$30.

1. BUSINESS INFORMATION				
Legal Name of Business:			Federal Tax ID Number:	
Trade Name (d/b/a):			Primary Contact Name/ Title:	
Mailing Address:			Primary Contact Phone Number:	
City:	State:	Zip:	Primary Contact Email:	
Country (If outside the US):			Fax Number:	
2. RENTAL FACILITY SPECIFICATIONS (For multiple properties, please attach additional sheets)				
Physical Address of Rental Property:			Unit #:	Number of Units:
City:	State:	Zip:	Date of Rental Activity:	FL Sales Tax Number:
<b>Check Type of Rental Facility Below:</b>				
Apartment	Bed/Breakfast	Mobile Home Park	Single Family Dwelling	
Campground	Condominium	Motel/Hotel	Other:	
3. BUSINESS OWNERS/OFFICERS/PARTNERS/MEMBERS/TRUSTEES				
Name:	SSN:	Address:	Daytime Phone:	
Title:		City/ST./ZIP:		
Name:	SSN:	Address:	Daytime Phone:	
Title:		City/ST./ZIP:		
4. APPLICANT'S ATTESTMENT				
<p>Please note that any person who is required to collect, truthfully account for, and pay any taxes and willfully fails to do so shall be liable for penalties under the provisions of Section 213.29, Florida Statutes (F.S.). All information provided by the applicant is confidential as provided in Section 213.053 F.S. and is not subject to Florida Public Records Law, Section 119.07 F.S. By providing an e-mail address above, you consent to electronic communication.</p> <p><input type="checkbox"/> <b>BY CHECKING THIS BOX I ATTEST THAT I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS ASSOCIATED WITH THIS APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE AND CORRECT.</b></p>				