



**CITY OF JACKSONVILLE BEACH
SHORT TERM VACATION RENTAL
LOCAL BUSINESS TAX FORM**

City Clerk's Office
11 North 3rd Street
Jacksonville Beach, FL 32250
(904) 247-6299

Application date: _____

STVR Application #: _____

SECTION 1: Business Information

Business Name: _____ Business Phone: _____

Address: _____

Mailing address: _____

Email address: _____

Owner/Agent Name: _____ Phone: _____

Address: _____

Mailing address: _____

Email address: _____

SECTION 2: Short Term Rental Property Information 

Address: _____

Mailing address: _____

SECTION 3: Required documents

- ___ Articles of Incorporation/Organization (___ Corporation ___ LLC)
- ___ Fictitious Name Registration/Sole Proprietor ___ State DBPR license for Transient Public Lodging
- ___ FL Dept. of Revenue Certificate of Registration for Sales Tax (*FEIN*)
- ___ Duval County Local Business Tax Receipt ___ Duval Tourist Development Tax
- ___ STVR certificate from COJB (*yellow*) ___ Photo ID of property owner/licensed agent

I certify the information contained herein is true and correct to the best of my knowledge. I understand that any false or misleading information on this application, failure to pay the required permit fee, or failure to comply with the City of Jacksonville Beach Ordinance No. 2019-8118 regarding Short Term Vacation Rentals, may be caused for the City Manager to revoke the permit. A copy of Ordinance No. 2019-8118 is available upon request or can be found on our website (www.jacksonvillebeach.org).

Signature of Applicant: _____

Date: _____

SECTION 4: City Clerk's Office

SIC Code: 70A

LBTR # _____

___ Annual: \$79.20 ___ Half Year: \$39.60

___ Cash ___ Check # _____

Received by: _____

Date: _____