

**DBPR HR– 7028 DIVISION OF HOTELS AND RESTAURANTS  
APPLICATION FOR VACATION RENTAL LICENSE**

**Application begins on page 5**

Congratulations on your decision to consider a new business venture! As you explore this opportunity, the Department of Business and Professional Regulation's (DBPR) Division of Hotels and Restaurants (H&R) is ready to assist you through the licensing and regulatory process.

Our responsibility is to work with the business community to achieve the highest levels of health and safety for all Floridians and tens of millions annual visitors. Toward that goal, we are a resource you can use to see that your new business operates within the requirements of the law.

This packet contains information regarding the legal requirements of operating your business. It is very important that you familiarize yourself with this information before you begin operating. If you have questions, or need any clarification, please contact the DBPR Customer Contact Center at 850.487.1395 Monday through Friday between 8AM and 6PM or go online to [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr). Because our knowledge and authority are in state government requirements, it is very important that you also contact local officials regarding any city and county requirements for a new business.

We wish you the best of luck and success in your venture.

**WHO NEEDS A VACATION RENTAL LICENSE?**

If you are planning to operate a public lodging establishment in Florida, you will need a license from the Department of Business and Professional Regulation, Division of Hotels and Restaurants. Use these forms to apply for a license as a vacation rental. According to state law:

**“Vacation rental”** means any unit or group of units in a condominium, cooperative, or timeshare plan or any individually or collectively owned single-family, two-family, three-family, or four-family house or dwelling unit that is also a transient public lodging establishment. [§ 509.242(1)(c), Florida Statutes (FS)]

**“Condominium”** means that form of ownership of real property created pursuant to chapter 718, FS, which is comprised entirely of units that may be owned by one or more persons, and in which there is, appurtenant to each unit, an undivided share in common elements. [§ 718.103(11), FS]

**“Cooperative”** means that form of ownership of real property wherein legal title is vested in a corporation or other entity and the beneficial use is evidenced by an ownership interest in the association and a lease or other muniment of title or possession granted by the association as the owner of all the cooperative property. [§ 719.103(12), FS]

**“Timeshare plan”** means any arrangement, plan, scheme, or similar device, other than an exchange program, whether by membership, agreement, tenancy in common, sale, lease, deed, rental agreement, license, or right-to-use agreement or by any other means, whereby a purchaser, for consideration, receives ownership rights in or a right to use accommodations, and facilities, if any, for a period of time less than a full year during any given year, but not necessarily for consecutive years. [§ 721.05(39), FS]

**“Licensed Agent”** means the operator of a management company that has been licensed by the dwelling or unit owner, through a rental agreement or contract between the two parties, to hold out the dwelling or unit for rent on a transient basis. A licensed agent is not required to hold a license from the Division of Real Estate. [§ 61C-1.002(4)(a), Florida Administrative Code (FAC)]

## **APPLICATION REQUIREMENTS**

**Before submitting the application, please complete and attach the following items:**

- **Beverage License (if applicable)** - Contact the Division of Alcoholic Beverages and Tobacco for an application. Contact the Division of Hotels and Restaurants for signature at a satisfactory opening inspection. Send the approved Division of Hotels and Restaurants inspection form with the appropriate application to the Division of Alcoholic Beverages and Tobacco.
- **Florida Sales Tax Number or proof of exemption** - Contact the Department of Revenue, Sales Tax Division, at 1.800.352.3671. For additional information, please refer to <http://www.state.fl.us/dor/>.
- **Federal Employer Identification Number (FEIN)** - Contact the U. S. Internal Revenue Service for an FEIN application (SS-4) at 1.800.829.4933, or download the application from the Internet at: <http://www.irs.ustreas.gov/formspubs/index.html>.
- **Social Security Number or Individual Taxpayer Identification Number (ITIN)** - The Internal Revenue Service assigns an ITIN to individuals who are not eligible for a social security number due to their status as an alien. Each ITIN begins with the number nine and is formatted in the same configuration as a social security number (900-00-0000). This number is available to alien operators upon the approval of their IRS form W-7, Application for IRS Individual Taxpayer Identification Number application. To obtain the form, contact the IRS at 1.800.829.4933 or download the form from the Internet at: <http://www.irs.ustreas.gov/formspubs/index.html>. The IRS will process the application for an ITIN within five to six weeks.
- **Completed form DBPR HR-7028, Application for Vacation Rental License** – Complete and submit the application (available online at [www.MyFloridaLicense.com/dbpr/hr/](http://www.MyFloridaLicense.com/dbpr/hr/)) must be completed in its entirety, including signature. If the public lodging establishment is NOT a vacation rental, please complete form [DBPR HR-7027, Application for Public Lodging License](#) instead of this form (refer to that form for definitions of those license types). Any omissions will result in the application being returned and a delay in the issuance of the license
- **A list of all units to be licensed** - State law requires the licensed agent or operator to notify the division of any and all condominium units or dwelling houses or units represented for inclusion in the license application. If you are just licensing one unit, entry in Section 4 completes this requirement. (Note: Forms DBPR HR-7008, List for Collective License and DBPR HR-7009 List for Single or Group License are no longer required.)
- **Completed form DBPR HR-7020, Certificate of Balcony Inspection** - This is the current form used to satisfy the requirements for balcony certification required by Florida law and rule 61C-3.001(5), FAC.
- **Appropriate Fees** – Fees are listed in rule 61C-1.008, Florida Administrative Code. For your convenience, we provide an automated fee calculator and fee tables on our website at [www.MyFloridaLicense.com/dbpr/hr/](http://www.MyFloridaLicense.com/dbpr/hr/). If you are unsure of the fee, please contact the DBPR Customer Contact Center at 850.487.1395 for the correct license fee amount. In addition to the license fee, there is a one-time application processing fee of \$50. Please make your check or money order for your fees payable to the Department of Business and Professional Regulation. The division does not accept cash payments.
- **Mail Applications and Fees** – When you have completed the application and supporting documents above, mail them with the appropriate fees to:

**Division of Hotels and Restaurants  
Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**Reminder:** Please use the entire 9-digit zip code in the address above to ensure proper handling. An incomplete application will result in the application being delayed or denied. Please allow up to 30 days for processing after mailing.

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

### **SECTION 1 – LICENSE TYPE**

Choose one box that most closely describes the planned establishment. Section 509.242(2), FS, states: If 25 percent or more of the units in any public lodging establishment fall within a classification different from the classification under which the establishment is licensed, such establishment shall obtain a separate license for the classification representing the 25 percent or more units which differ from the classification under which the establishment is licensed. The definitions of vacation rentals are provided on the first page of this application packet.

**Classification:** Vacation rental licenses are classified in three ways that are defined in Rule 61C-1.002, FAC. Check the license class that best describes the establishment. (Required)

- **Single** -- A single license is a license issued by the division to an individual person or entity, but not a licensed agent. A single license may include one single-family house or townhouse, or a unit or group of units within a single building that are owned and operated by the same individual person or entity. In the case of a single license, the owner of the unit or dwelling is responsible for all violations of sanitation and safety codes.
- **Group** -- A group license is a license issued by the division to a licensed agent to cover all units within a building or group of buildings in a single complex. A group license only covers those units held out to the public as places regularly rented to guests as defined in Chapter 509, F.S. In the case of a group license, the licensed agent is responsible for all violations of sanitation and safety codes.
- **Collective** -- A collective license is a license issued by the division to a licensed agent who represents a collective group of houses or units found on separate locations. A collective license may not be issued for more than 75 houses or units per license and is restricted to counties within one district. In the case of a collective license, the licensed agent is responsible for all violations of sanitation and safety codes.

**Number of Rental Units:** List the number of rental units being licensed. This directly affects the license fee.

### **SECTION 2 – APPLICATION INFORMATION**

- **Application Type** – indicate the type of application to be processed. For newly constructed establishments or facilities converted from another previous usage, choose “New Establishment.” For all establishments that were previously licensed, choose “Change of Ownership.”
- **License Number** and **Previous Business Name** – for applications for change of ownership, please indicate the previous license number and previous business name if known. This information will facilitate the processing of the application.
- **Federal Employers Identification Number (FEIN)** – required for business/corporate applicants.
- **Social Security Number** – at least one social security number is required. Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all occupational license applications and are used for licensee identification purposes pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.
- **Sales Tax Number** – required by the Florida Department of Revenue to do business. If exempt, please mark the checkbox accordingly.
- **Opening Date** – please indicate the date the establishment will be opened for business.

### **SECTION 3 – OWNER AND MAIN ADDRESS**

Complete this information for the establishment owner as completely as possible. Incomplete information will result in the application being delayed or denied.

- Owner Name – individual person or organization that currently owns the establishment. Also, check the appropriate box indicating whether the owner is legally a corporation, partnership or individual person. For establishments owned or operated by partnerships, corporations or cooperatives, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity. (Required)
- Routing Name – if contact name is different than the owner, please indicate in the space provided. (Optional)
- Street Address or Post Office Box, City, State, Zip Code, Florida County (if applicable), Country – address of record for purpose of official communications from the department. (Required)
- Phone Number – primary contact number for questions or concerns about the application. (Required)
- E-Mail Address – additional means of contacting applicant. (Optional)

### **SECTION 4 – ESTABLISHMENT LOCATION INFORMATION**

Complete the establishment information as completely as possible. Incomplete information will result in the application being delayed or denied.

- Establishment Name (Doing Business As [DBA]) – the proposed name of establishment. If the establishment is part of a chain, please indicate a unique identifier (for example, Hilton #3 or Marriott Tallahassee). (Required)
- Street Address, City, Zip Code, Florida County – address of the establishment. (Required)
- Phone Number and E-Mail Address – alternate contact information if available. (Optional)

### **SECTION 5 – MAILING INFORMATION**

This is an optional additional address for mailing if applicable. If this information is the same as Section 3 or Section 4, please indicate.

- Routing Name – if correspondence should be mailed to a different name than the owner, please indicate in the space provided. (Optional)
- Street Address or Post Office Box, City, State, Zip Code, Florida County (if applicable), Country – address of record for purpose of official communications from the department. (Required)
- Phone Number and E-Mail Address – alternate contact information if available. (Optional)

### **SECTION 6 – LICENSE MODIFIER**

**Seasonal:** Please answer this question. If the facility is intended to operate for a limited amount of time each year (i.e., seasonal), indicate approximate start and end dates for operation. (Optional)

### **SECTION 7 – SIGNATURE**

Please print name and title, and then sign and date the application before submitting. (Required)

**Complete the application and supporting documents and mail them with the appropriate fees to:**

**Division of Hotels and Restaurants  
Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**Please use the entire 9-digit zip code in the address above to ensure proper handling. Please allow up to 30 days for processing after mailing. After we process your application, we will mail your license to the address noted in Section 5 of the application. We do not require inspections prior to licensing vacation rentals, but we may inspect at any time upon request or complaint.**

**DBPR HR-7028 – Division of Hotels and Restaurants Application for Vacation Rental License**

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

1940 North Monroe Street, Tallahassee, Florida 32399-0783

850.487.1395 – Email: [www.MyFloridaLicense.com/contactus/](http://www.MyFloridaLicense.com/contactus/) – Internet: [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr)**Section 1 – License Type**

Please check the box that best describes the establishment type.

☐ Condominium (profession code 2006)☐ Dwelling (profession code 2007)**Classification:** Check one box that best describes the license classification (see instructions for definitions).☐ Single (SNGL)☐ Group (GRP)☐ Collective (CLCT)**NUMBER OF RENTAL UNITS****(NOTE: There is a 75-unit limit for collective licenses.)****Section 2 – Application Information**

Please check the appropriate box and provide information as applicable.

☐ New Establishment☐ Change of Ownership

(previously licensed within the last year by H&amp;R – please provide current license # below)

License Number (change of ownership only)

Previous Business Name (change of ownership only)

Federal Employers Identification Number (FEIN)

(For businesses and corporations)

Social Security Number (REQUIRED)\*

(For president, primary shareholder, partner or individual)

Sales Tax Number (Check if exempt ☐)

Opening Date (MM/DD/YYYY)

\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

**Section 3 – Owner and Main Address (MA)**

Note: This address will be designated as the "address of record" for the owner of this establishment.

FOR ESTABLISHMENTS OWNED OR OPERATED BY PARTNERSHIPS, CORPORATIONS OR COOPERATIVES, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity and the name, address, and social security numbers\* of each officer, director, chief executive, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity.

Owner Name (please check one: ☐ Corporation ☐ Partnership ☐ Individual)

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City

State

Zip Code (+4 optional)

Florida County (if applicable)

Country

Phone Number

E-Mail Address

**Section 4 – Establishment Location Information (LL)**

Note: For more than one rental unit, please list one building address as the "main" unit and attach a list of all other rental units.

Establishment Name (DBA)

Street Address

City

Zip Code (+4 optional)

Florida County

Phone Number

E-Mail Address

**Section 5 – Mailing Information (LM)**

Note: This address will be used by the department for all mailings, including the license.

Complete below or check here if: Same as Section 3 – Owner and Main Address ☐ Same as Section 4 – Establishment Location ☐

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box

City

State

Zip Code (+4 optional)

Florida County (if applicable)

Country

Phone Number

E-Mail Address

**Section 6 - License Modifier**

**Seasonal:** Will this establishment be operated only during a particular time period during the year? ☐ Yes ☐ No

If Yes, indicate the seasonal dates in which the establishment will be open for operation below.

Start Date

End Date

**Section 7 - Signature**

SECTION 559.79 (2), FS: Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Applicant Name

Applicant Title

Signature

Date

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