



# City of Belleair Beach Annual Rental Registration Form

## Residential Rental Registration

**Rental property registration.** Every property within Residential Medium District I, and Residential Low District II that is rented in accordance with the provisions of section 94-213 of the City Code, shall be properly registered with city hall.

**Section 94-213 Provides that properties within residential low (single family homes) may not be leased for less than 90 days.**

Failure on the part of a property owner to register the property before October 31 shall result in an additional assessment of \$100.00. It shall be the responsibility of each property owner offering residential property for rent to register the name of each and every lessee and such other information as may be required by the city for each lease on the property.

### Check one of the following that applies

- New rental registration       Annual Renewal       Change of Owner's Local Agent
- Change of Owner       Change of Address/Phone       Change in number of units
- Change from Owner to Rental Tenant Occupancy

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Ownership Type (Circle one)**    Individual Owner    Partnership    Corporation    Trust    Other

### Section 1 - Rental Property Information - *One registration per property*

Name of Owner/Manager \_\_\_\_\_

Address of Belleair Beach Rental Property : \_\_\_\_\_ Unit # \_\_\_\_\_

### Section 2: Owner information (REQUIRED)

Property Owner Name \_\_\_\_\_

Address (No PO boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address \_\_\_\_\_

If Partnership, Corporation, Trust, LLC or Other, complete the following for one partner, officer or trustee.

Tax ID number of Partnership or Corporation \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Section 3: Designation of Owner's Local Agent/Rental Manager (Required)**

*Required if Owner does not reside in Pinellas County or within twenty (20) miles of the City of Belleair Beach, Florida City Limits; or when the owner is a Corporation, Partnership, trust or other legal entity.)*

Name of (choose one)  Management Company  Operator  Agent  Contact Person

Name of Owner's Local Agent or Management Company:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ After Hours Contact Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_



# City of Belleair Beach

## Affidavit of Non-Rental

I/We (please print) \_\_\_\_\_ being the owner (s) of the property located at \_\_\_\_\_, Belleair Beach, Florida do hereby certify that I/We reside at the above mentioned premises and is currently 100% occupied.

The building is owned in co-ownership, with each unit begin occupied by a separate owner. (Condo)

Owner \_\_\_\_\_ Unit \_\_\_\_\_

Owner 2 \_\_\_\_\_

**OR**

The entire structure is occupied by one family and used as a single family dwelling 100% of the time.

Owner \_\_\_\_\_

Owner 2 \_\_\_\_\_

My signature on this document signifies I am not renting this property in the current fiscal year. (October 1 – September 30)

Owner signature \_\_\_\_\_

Owner signature \_\_\_\_\_