



ANNE M. GANNON
 CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
 Serving you.

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PBTC Form 44-S
 Rev. 2/26/2026

BUSINESS TAX RECEIPT APPLICATION FOR SHORT TERM RENTAL

SUBMIT APPLICATION ONLINE: www.pbctax.gov/tdt

OR

SUBMIT APPLICATION WITH PAYMENT BY MAIL:

Tax Collector, Palm Beach County • ATTN: TDT DEPT • P.O. Box 3715 • West Palm Beach, FL 33402-3715

MAKE PAYMENT TO: Tax Collector, PBC

AMOUNT DUE: Full Year - \$33.00 (Business started Oct. 1 - Mar 31) Half Year - \$16.50 (Business started Apr. 1 - Sep 30)

INFORMATION

- A short term rental local business tax receipt (STR-LBTR) is required per the Tourist Development Ordinance of Palm Beach County, Chapter 17, Article III, Sec. 17-117 of the Palm Beach County Code 95-30.
- You must first create a Tourist Development Tax (TDT) account online for the short term rental listed on this application. Please visit www.pbctax.com/tdt to create an account.
- This STR-LBTR cannot be transferred. It is only valid for the short term rental and TDT account number listed on this application.
- If you host more than one short term rental, you must have a Tourist Development Tax account and STR-LBTR for each property.
- The short term rental local business tax receipt (STR-LBTR) does not require zoning approval.
- You must renew this STR-LBTR annually by Sep. 30 to continue offering the property listed below for short term rental.

TOURIST DEVELOPMENT TAX ACCOUNT OWNER, PLEASE COMPLETE AND SIGN THIS FORM.

Tourist Tax Account Number (REQUIRED): _____

Tourist Tax Account Name: _____

Contact Phone Number: _____ Contact Email: _____

RENTAL PROPERTY INFORMATION

Property Owner Name: _____

Rental Property Address: _____

P.C.N. # _____

City: _____ State: _____ ZIP Code: _____

TYPE OF SHORT TERM RENTAL (select one):

Vacation Rental - Entire property rented Home Sharing - Property owner remains on premises

All other types of short term rentals such as hotels, motels, bed & breakfasts, etc. require zoning approval and must use the regular LBTR application.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.

 Print Name

 Signature

 Date

INTERNAL TAX COLLECTOR USE ONLY

Date Received: _____ Processed By: _____

STR-LBTR Account Number: _____ NAICS Code: _____