

City of Parkland

Application for Vacation Rental Registration Certificate

Please complete the following application and submit to the City of Parkland - Planning & Zoning. Please note that Registration Certificates require inspection(s) prior to issuance and are valid for a period of one year.

Property Owner(s):

Name: _____

Permanent Mailing Address: _____

Phone: _____ [] cell [] landline Email: _____

Address of Vacation Rental: _____

Website(s) to be used for Advertising Purposes: _____

Name of Property for Advertising Purposes: _____

Responsible Party – Check here [] if changing Responsible Party

Responsible Party must be over the age of 18 and able to respond to the rental unit within a two (2) hours to respond to any issues arising from the rental or compliance with the Code.

Name: _____

Phone: _____ [] cell [] landline

Email: _____

Property Management Company Information (if applicable)

Contact Person's Name: _____

Company Name: _____

Address: _____

City & State: _____ Zip Code: _____

Business Phone: _____ After Hours/Emergency Phone: _____

Please provide copies of the following documents:

- [] Current Business Tax Receipt – City of Parkland
- [] Broward County Tourist Development Tax Registration
- [] Florida Dept. of Business & Professional Regulation License
- [] Florida Dept. of Revenue Certificate
- [] copies of required vacation rental postings in a visible location

Please note that incomplete applications will not be accepted.

Property Owner's Agreement:

BY SIGNING THIS APPLICATION, THE PROPERTY OWNER AGREES TO USE HIS/HER BEST EFFORTS TO ASSURE THAT THE VACATION RENTAL USE OF THE DWELLING WILL NOT DISRUPT THE RESIDENTIAL CHARACTER OF THE NEIGHBORHOOD, WILL NOT INTERFERE WITH THE RIGHTS OF NEIGHBORING PROPERTY OWNERS TO THE QUIET ENJOYMENT OF THEIR RESIDENCES, AND THAT I HAVE READ SECTION 5-3530 OF THE CITY OF PARKLAND LAND DEVELOPMENT CODE IN ITS ENTIRETY AND WILL COMPLY WITH EACH AND EVERY PROVISION THEREOF.

Signature of Property Owner: _____

Printed Name: _____

I HEREBY DECLARE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AND, FURTHER, UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ON THIS APPLICATION MAY RESULT IN BEING DENIED, OR THE LOSS THEREOF, OF ANY LICENSE OR PERMIT ISSUED BY THE CITY OF PARKLAND WHICH WAS BASED ON THE INFORMATION PROVIDED IN THE APPLICATION, AND THAT I MAY BE SUBJECT TO FINES AND OTHER PENALTIES AS MAY BE PREOVIDED BY LAW.

Applicant's Signature: _____

Printed Name: _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by _____.

Signature of Notary

(NOTARY SEAL)

Name of Notary Typed, Printed, or Stamped

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

For City use only:

Application Received/Date/Initials: _____

Inspection Date/Inspector: _____

[] Pass [] Fail Notes: _____
