



Community Development Department
Code Enforcement Division

160 Lake Avenue
Palm Coast, FL 32164
386-986-3764

CITY OF PALM COAST
SHORT TERM VACATION RENTAL REGISTRATION APPLICATION
ORDINANCE 2025-1

Ordinance 2025-1 Short Term Vacation Rental for property located within the City of Palm Coast limits.

A Property Owner who is exempt from acquiring a State Lodging License from the Florida Department of Business and Professional Regulation, as defined by F.S. Ch. 509.013 and F.S. Ch. 509.242, will be exempt from Ordinance 2025-1 requiring Short Term Vacation Rental Registration with the City of Palm Coast. Please refer to F.S. Ch. 125.0104 for Tourist Development Tax regulations. Property owners within the City of Palm Coast limits must register with the City of Palm Coast as well as Flagler County.

PURPOSE OF APPLICATION (choose one)

New Registration

Change to existing registration

Discontinue

SHORT-TERM VACATION RENTAL PROPERTY ADDRESS

***Address:** **City:** Palm Coast **State:** Florida
Zip:

For a change to existing registration or to discontinue using the property as a short-term rental, provide the existing Certificate Number

PROPERTY OWNER INFORMATION AND AFFIRMATION

The owner information provided here must match the current information in the Flagler County Property Appraiser's records. Ownership may be listed as an individual, trust, business, or other entity.

***Owner Name**

Address: **City:** **State:**
Zip:

***Primary Phone:**

***Email address:**

FOR NEW REGISTRATIONS OR TO CHANGE AN EXISTING REGISTRATION:

- Provide registered Full Name of Property Owners
- The property is being used as a short-term rental.
- The property is properly registered with the City of Palm Coast and Flagler County with a valid Development Tax Account number.
- If the Designated Responsible Party or Property Owner changes, the Property Owner will notify the City within 10 business days.
- If the property is no longer to be used as a short-term rental, the Property Owner will contact the City within 10 business days.

Affirmation: I am the property owner or authorized signatory for this rental property, have read this application and hereby affirm the statements contained herein are true and correct to the best of my knowledge.

*Printed Name of Property Owner:

*Signature of Property Owner:

*Date:

Printed Name of Authorized Signatory:

Signature of Authorized Signatory:

Date:

TO CHANGE PROPERTY MANAGEMENT OF A SHORT-TERM VACATION RENTAL:

Contact the City of Palm Coast within 10 days of change.

TO DISCONTINUE PROPERTY BEING A SHORT-TERM RENTAL:

Contact the City of Palm Coast within 10 days.

DESIGNATED RESPONSIBLE PARTY INFORMATION

Same as owner: Yes or No

Company Name or Responsible Individual Name:

Additional information:

Address:

City:

State:

Zip:

***Primary Phone:**

***Email address:**

SUBMITTAL REQUIREMENT CHECKLIST

- Completed Application.
- Current Florida Department of Business and Professional Regulation (DBPR) Vacation Rental License. If it is a collective or group license, please include a list of all the properties.
- Flagler County Registration Number

ALL FIELDS MARKED WITH AN ASTERICK (*) ARE REQUIRED. INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED.