



Daniella Levine Cava, Mayor

Miami-Dade County Department of
Regulatory & Economic Resources
Business Section
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miamidade.gov

ACCOUNT UPDATE REQUEST

[Clear Form](#)

Use this form to notify the Miami-Dade County Department of Regulatory & Economic Resources (RER) Business Section of:

- a change of mailing or establishment location address within Miami-Dade County or e-mails for the account
- a change in your tax account status.
- a change in establishment name (no change in legal entity type or establishment ownership).

Use either the Tourist Tax or Food & Beverage Application to notify the Miami-Dade County Department of Regulatory & Economic Resources (RER) Business Section of:

- a change in legal entity
- a change in ownership

INSTRUCTIONS:

**Indicates a required field; information must be provided.*

1. Complete Section 1 to identify your existing Convention & Tourist Tax account. (One Account per form)
2. Check the box next to the tax(es) in Section 2 for which this change request applies.
3. For establishment name changes, complete Section 3.
4. For address changes regarding the business, owner, billing, and contact complete Section 4. (One address change per form)
5. For e-mail changes or additions, complete Section 5.
6. For account status changes, complete Section 6.
7. Complete Section 7 to indicate the reason for an account status change.
8. Provide contact information in Section 8 for the change requester.
9. Review your request for accuracy, sign, and date the form and email to: CTHelp@miamidade.gov or fax to 305-375-5594 or mail to the address printed in the upper right corner of this form.

1. Identify Your Current Tax Account: Enter your current account information.

*****DO NOT enter new name or new address information here*****

Convention & Tourist Tax Account Number:*	<input type="text"/>				
Location Name:*	<input type="text"/>				
Street Address:*	<input type="text"/>				
City:*	<input type="text"/>	State:*	<input type="text"/>	Zip Code:*	<input type="text"/>
Telephone:*	<input type="text"/>	Email:	<input type="text"/>		

2. Tax Type: This change applies to my account for the following tax (check at least one)*:

☐ Transient Rental ☐ Food & Beverage ☐ Both

3. Change the establishment name: Enter the new Doing Business As (DBA) or advertised name and IRS ID.

New Name:

FEIN (Required for Businesses or Corporation) SSN or Visa Number (Required for president, primary shareholder, partner, individual)

4. Change Addresses & Phone: **NOTE: Additional information may be requested.**

The information below updates the (check one): Business Location: ☐ Owner: ☐ Billing: ☐ Contact: ☐

Recipient Name:	<input type="text"/>	Title:	<input type="text"/>
Street Address:	<input type="text"/>	Phone:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>

5. Emails: The information below updates the email for (check one) then indicate the desired action.

Tourist Express User Id: ☐ Business Location: ☐ Owner: ☐ Billing: ☐ Contact: ☐

Email Address	Add	Delete
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Change the account status*. What is the effective (start) date for the action below?

Select the desired action. Choose only one.

- ☐ **Reactivate** – change from inactive back to active status. **NOTE: A new account application is required.**
- ☐ **Filed Bankruptcy** – a petition has been filed in federal court using Chapter 7, 11, or 13.
- ☐ **IMPORTANT NOTE: A copy of the petition is required with this form. Also, if you are debtor in possession of the establishment or property for which bankruptcy has been filed, all post-petition taxes must continue to be remitted.**
- ☐ **Inactivate** – You are suspending taxable activities. Estimated date you plan to resume:
- ☐ **Cancel** – You have no plans for future taxable activity.

IMPORTANT NOTE: If inactivate or cancel is chosen in this section, a final return MUST be filed and all outstanding taxes, interest, penalties, surcharges or fees due prior to the inactivation paid within 15 days of the effective date per [F.S. 213.758](#). **Additionally, a copy of the Articles of Dissolution submitted to the [Division of Corporations](#) is required to be submitted with this change request.**

7. Indicate the reason for Account Inactivation or Cancellation. Check the appropriate reason for inactivating/cancelling your account. Choose only one.

☐ **Sold the establishment or rental property.** (Complete all the fields below regarding the sale)

NOTE: A **Certificate of Compliance** must be provided to the buyer per [F.S. 213.758](#). The form can be obtained from our website: [Convention and Tourist Taxes](#) or contact the Miami-Dade County Department of Regulatory & Economic Resources (RER) Business Section via email: CTHELP@miamidade.gov or via phone: (305) 375-5550.

New Owner's Name:	
New Owner's Address:	
Date of Sale:	

☐ **A Management Company is now handling tax collection and/or remittance.** (Please complete the below fields)

IMPORTANT NOTE: to protect your privacy, access to personal information about you is limited to individuals authorized by law to have access to it. To ensure that information is not provided without your consent, documentation authorizing someone other than the owner is required before the RER Business Section will disclose any tax information. Your consent can be provided using one of two documents:

1. A written rental agreement or contract between the owner and the party listed in this section who will hold out the establishment for rent on a transient basis.
2. A Power of Attorney and Declaration of Representative (POA) which is a document initiated by the owner and signed by all other parties to authorize representative(s) to receive designated tax information defined as confidential under [Section 213.053 F.S.](#) and not subject to Florida Public Records Law, [Section 119.07 F.S.](#)
This form is generally not required if the representative is a trustee, a receiver, an administrator, an executor of an estate, a corporate officer, or an authorized employee of the taxpayer.

These forms can be obtained from our website: [Convention and Tourist Taxes](#) or contact the RER Business Section via email: CTHELP@miamidade.gov or via phone: (305)375-5550.

Name of Management Company:

Name of Agent

Telephone:

Email:

☐ **Using only the following rental platform(s) to rent** and they will remit the Convention and Tourist Taxes:

Platform
Names:

Account
Number:

☐ **No longer renting 6 months or less.** Have a lease agreement that expires

☐ **Other**

8. Contact Information: Who is submitting this change request? **NOTE:** If not the owner, authorization is required. See IMPORTANT NOTE above under Management Company.

Name:*			
Title:*			
Telephone:*		Email Address:*	

☐ **Under penalty of perjury I declare I am the **property / business owner** and that the facts stated herein are true and that checking this box constitutes a legal signature.***

Owner's
Signature:*

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Date:*

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