



Certificate of Registration

Date of Application: _____

Owner of Record: _____

Rental Property Name: _____

Address of Rental: _____

(if multiple properties, then please complete extra pages with all listings)

Registration Number: _____

Phone Number: _____

Tax ID Number: (TIN) _____

Date Business Started: _____

Property Management Company: (if applicable) _____

Current Rates: (list ALL) _____

Website: _____

Mailing Address: (if different from above) _____

Email address: _____

Return To: Village of Surfside Beach Front Office

1304 Monument Dr

Surfside Beach, TX, 77541

Email to csr@surfsidetx.org

