

**MAIL CHECK TO: CITY OF PANAMA CITY BEACH  
110 S. ARNOLD ROAD  
PANAMA CITY BEACH, FL 32413  
ATTN: Business Registration  
850-233-5100, Ext. 2305 FAX: 850-233-5049  
FEE: \$50.00 Annually Plus 1% of Monthly Gross Sales**

(PLEASE PRINT ALL INFORMATION)

**BUSINESS REGISTRATION**

**TYPE OF BUSINESS:** \_\_\_\_\_

**STATE SALES TAX NUMBER:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **TELEPHONE (2<sup>nd</sup> Contact):** \_\_\_\_\_

**SS NUMBER:** \_\_\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_ **DL NUMBER:** \_\_\_\_\_  
(Last Four Digits Only) (Copy Attached)

**CORPORATION INFORMATION (dba/Different from Owner's Name)**

**CORPORATE NAME:** \_\_\_\_\_  
(Registered Name with the State of Florida)

**CORPORATE FEIN:** \_\_\_\_\_ **CONTACT PERSON:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS TELEPHONE:** \_\_\_\_\_ **2<sup>ND</sup> CONTACT:** \_\_\_\_\_

***I CERTIFY THE ABOVE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.***

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**BUSINESS TO BEGIN ON:** \_\_\_\_\_  
(Month/Year)

**OFFICE USE ONLY**  
**BUSINESS REGISTRATION NUMBER:** \_\_\_\_\_ **ISSUED:** \_\_\_\_\_

**APPROVED** \_\_\_\_\_