

**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: \$100.00 Annually**

(PLEASE PRINT ALL INFORMATION)

BUSINESS REGISTRATION

TYPE OF BUSINESS: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **TELEPHONE (2nd 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: _____ **2ND 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 _____