

**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)

TRANSIENT RENTALS

STATE SALES TAX NUMBER 13-_____

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: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ TELEPHONE (2nd Contact): _____

CONDOMINIUM NAME(S): _____

UNIT NUMBER(S): _____

ADDRESS: _____

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

SIGNATURE

DATE

RENTALS TO BEGIN ON: _____
(Month/Year)

OFFICE USE ONLY

BUSINESS REGISTRATION NUMBER: _____ ISSUED: _____

APPROVED _____