CITY OF PANAMA CITY BEACH
DOG FRIENDLY DINING PROGRAM
APPLICATION

Name of Restaurant _______________________________________________________
Location __________________________________________________________________
Mailing Address________________________________________________________________
Division of Hotels and Restaurants License Number _____________________________
Applicant Name(s) __________________________________________________________
Mailing Address _____________________________________________________________
Telephone (Business)________________________ (Cell)___________________________
Owner(s) of Building (if different from applicant) _______________________________
Mailing Address __________________________________________________________________
Telephone (Business)________________________ (Cell)___________________________

Do you plan to allow dogs in an area that is: (check one)

☐ associated with a sidewalk café    ☐ on private property?

What days of the week and what hours will dogs be permitted?_____________________
Application Fee $50.00 Paid__________

Acceptance of Regulations:
I have read the regulations that allow dogs within the outdoor eating areas of restaurants within the City of Panama City Beach. I understand that my failure to comply with the regulations may result in the revocation of my Dog Dining License and a citation from the City for failure to comply with City Code. Municipal ordinance violations are subject to local and state statutes, and may result in fines and/or liens against the property owner. I also understand that it is my responsibility to inform the property owner of my application for a Dog Dining License and the implications associated with a failure on my part to comply with the regulations.

________________________________  _______                       _______________________   ______
Applicant Print Name     Date                        Applicant Signature         Date
________________________________  _______
Notary Signature           Date

Applicant is ___ personally known to me or
produced ____________________ as identification
(type of identification )                     Notary Stamp
                                                Here
Dog Friendly Dining Area Diagram

In the space below or on a separate piece of paper, please provide a diagram (to scale) of the outdoor area showing

- Dimensions of the area, to scale;
- A depiction of the number and placement of tables, chairs, and restaurant equipment;
- Entryways and exits to the designated outdoor area;
- Boundaries of the designated area and, if applicable, outdoor areas not available to patron’s dogs;
- Fences or barriers;
- Property lines; and
- Sidewalks, curbs, public improvements (benches, street lights, street signs, fire hydrants, etc.)
- Indicate the location(s) of the waste kit.