



CITY OF PANAMA CITY BEACH



Vacation Rental Registration Affidavit

Property Address: _____

Property Owner: _____

Property Manager (if applicable): _____

For multiple properties, attach a list to this form to include the property address and owner's name.

The undersigned acknowledges and agrees that he/she has received, understands and will comply with the requirements of Section 8-183(g) of the City Code. The City shall have the right to inspect the premises to ensure compliance with Section 8-183(g) and all applicable local, state and federal laws and regulations governing Vacation Rentals, and the undersigned will comply with all such laws and regulations, including Chapter 509, Florida Statutes, Rule 61C and 69A, Florida Administrative Code, and the NFPA 101 Life Safety Code.

The name and contact information for the Rental Responsible Party is:

Name: _____

Address: _____

Telephone: _____ Email: _____

The undersigned confirms that the following required documentation is being submitted with this affidavit:

- (a) Licensure as a Vacation Rental with the Florida Department of Business and Professional Regulation.
- (b) Merchant business tax license and current status of local business tax returns and any payments due to the City's Business License Department.
- (c) Registration for Tourist Development Tax payments with the Bay County Clerk of Court.
- (d) Evidence that any pool located on the property is properly licensed and inspected.

Note: A Vacation Rental must be recertified annually, or in the event of a change of ownership, recertified at the time of transfer. Interior inspections shall be performed at the discretion of the Panama City Beach Fire Inspector. The property owner must comply with all posting and signage requirements for Vacation Rentals and is responsible for designating and keeping current the name and contact information for the Rental Responsible Party.

Signature: _____

Printed Name: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20__, by _____ who is personally known to me or produced the following identification: _____.

Print, Type, or Stamp Commissioned
Name of Notary Public:

(Signature of Notary Public - State of Florida)