



# CITY OF PANAMA CITY BEACH

Fire Inspections Office



## Vacation Rental Registration Application

**Property Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Unit#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_ **Unit#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Owner Phone:** \_\_\_\_\_

**Owner Email:** \_\_\_\_\_

Provide management company information if property is not managed by property owner:

**Property Management Company:** \_\_\_\_\_

**Management Company Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Management Company Primary POC:** \_\_\_\_\_

**Management Company POC Phone:** \_\_\_\_\_

**Management Company POC Email:** \_\_\_\_\_

**Hosting Platform URL / Reservation Link:** \_\_\_\_\_

**Required Attachments:** Submit all documentation listed below along with this form.

Indicate who will be responsible for payment: ☐ Owner ☐ Property Manager

- Notarized affidavit
- Proof of PCB Business Tax ID, FL Department of Business and Professional Regulation Tax ID and Tourist Development Tax ID
- Pool inspection certificate

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_