

Name:

Email:

Phone:

CITY OF PANAMA CITY BEACH PROPERTY ADDITION FORM

1. Complete Property Address: (NAME OF CONDOMINIUM AND UNIT NUMBER)			
2. Owner's Name:		Phone Number:	
Owner's Mailing Address:	City:	State:	Zip Code:
Zoning of Property Location:	Property Parcel Identification Number: www.baypa.net		
Owner's Email Address:	Owner's Business Name if Registered at www.sunbiz.org		
3. Owner's FEIN/ or Last Four Digits of SS Number:		4. First Reporting Month	
5. Prior Registration Number OFFICE USE ONLY		NOTES OFFICE USE ONLY	

NEW BTR

1. Complete Property Address: (NAME OF CONDOMINIUM AND UNIT NUMBER)			
2. Owner's Name:		Phone Number:	
Owner's Mailing Address:	City:	State:	Zip Code:
Zoning of Property Location:	Property Parcel Identification Number: www.baypa.net		
Owner's Email Address:	Owner's Business Name if Registered at www.sunbiz.org		
3. Owner's FEIN/ or Last Four Digits of SS Number:		4. First Reporting Month	
5. Prior Registration Number OFFICE USE ONLY		NOTES OFFICE USE ONLY	

NEW BTR

1. Complete Property Address: (NAME OF CONDOMINIUM AND UNIT NUMBER)			
2. Owner's Name:		Phone Number:	
Owner's Mailing Address:	City:	State:	Zip Code:
Zoning of Property Location:	Property Parcel Identification Number: www.baypa.net		
Owner's Email:	Owner's Business Name if Registered at www.sunbiz.org		
3. Owner's FEIN or Last Four Digits of SS Number:		4. First Reporting Month	
5. Prior Registration Number OFFICE USE ONLY		NOTES OFFICE USE ONLY	

NEW BTR

Name

Email

Phone

CITY OF PANAMA CITY BEACH PROPERTY ADDITION FORM

1. Complete Property Address: (NAME OF CONDOMINIUM AND UNIT NUMBER)			
2. Owner's Name:		Phone Number:	
Owner's Mailing Address:	City:	State:	Zip Code:
Zoning of Property Location:	Property Parcel Identification Number: www.baypa.net		
Owner's Email Address:	Owner's Business Name if Registered at www.sunbiz.org		
3. Owner's FEIN/ or Last Four Digits of SS Number:	4. First Reporting Month		
5. Prior Registration Number OFFICE USE ONLY	NOTES OFFICE USE ONLY		

NEW BTR

1. Complete Property Address: (NAME OF CONDOMINIUM AND UNIT NUMBER)			
2. Owner's Name:		Phone Number:	
Owner's Mailing Address:	City:	State:	Zip Code:
Zoning of Property Location:	Property Parcel Identification Number: www.baypa.net		
Owner's Email Address:	Owner's Business Name if Registered at www.sunbiz.org		
3. Owner's FEIN/ or Last Four Digits of SS Number:	4. First Reporting Month		
5. Prior Registration Number OFFICE USE ONLY	NOTES OFFICE USE ONLY		

NEW BTR

1. Complete Property Address: (NAME OF CONDOMINIUM AND UNIT NUMBER)			
2. Owner's Name:		Phone Number:	
Owner's Mailing Address:	City:	State:	Zip Code:
Zoning of Property Location:	Property Parcel Identification Number: www.baypa.net		
Owner's Email Address:	Owner's Business Name if Registered at www.sunbiz.org		
3. Owner's FEIN/ or Last Four Digits of SS Number:	4. First Reporting Month		
5. Prior Registration Number OFFICE USE ONLY	NOTES OFFICE USE ONLY		

NEW BTR

CITY OF PANAMA CITY BEACH

PROPERTY ADDITION FORM

1. This is the rental property location information. Please provide complete address, name of condominium and unit number. The property should be located within the city limits of Panama City Beach.
2. Owner's name, mailing address, phone and email. If the business has a legal name that is different from the "doing business as" name this must be disclosed. The fictitious name of the business must be registered with the State of Florida at www.sunbiz.org per (FS) 205.023.
3. The business Federal Identification or the last four digits of social security number is required.
4. Each business must be registered with the Florida Department of Revenue for state sales tax purposes. If the owner does not have a certificate number, please indicate "applied for". Please contact the Florida Department of Revenue at www.floridarevenue.com/taxes/ for additional information if needed.
5. Please provide, if known, the name of the prior management company for this owner. Provide the name of the current Management Company and the first reporting month for this unit.

For Questions: 850-233-5100
ext. 2305 Lauryn Pumphrey
ext. 2318 Terri Jordan
ext. 2252 Lise-Lott Phlegar

Return To:
City of Panama City Beach
Business Tax Registration
116 S. Arnold Road
Panama City Beach, FL 32413
Email: businessstax@pcbfl.gov