

# CITY OF PANAMA CITY BEACH REGISTRATION FORM CONTRACTOR/PROFESSIONAL

<b>(1) Type of Business:</b>	Owner's Name:
Owner's Mailing Address:	Owner's Telephone Number:
City/State/Zip:	Owner's Email Address:
FEIN/or Last Four Digits of SS Number:	<b>DBPR License Number if Applicable</b>
<b>(3) Business Name Registered on <a href="http://www.sunbiz.org">www.sunbiz.org</a></b>	Business Location Address:
Business Telephone Number:	Contact Name:
Email Address:	<b>(4) Business to Begin On:</b>

**Annual Fee: \$100.00 \_\_\_\_\_ \$150.00 \_\_\_\_\_**

(The Annual Fee amount will be determined by the Type of Business.)

Declaration: It shall be unlawful for any person to exercise any of the privileges or to carry on or engage in or conduct any of the businesses, occupations, or professions herein specifically enumerated without paying a business tax at the time and in the amount herein provided, or fail to make reports to the city clerk as provided herein, or to violate any other provisions of this chapter. (PCB Code of Ord. Sec. 14-2) By providing an e-mail address above, you consent to electronic communication, reporting and filing. Under penalty of perjury, I declare that I have read the foregoing document and the facts stated are true.

**OFFICE USE ONLY**

**Business Account Number:** \_\_\_\_\_ **Issued:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**PLEASE EMAIL FORM TO [BUSINESSTAX@PCBFL.GOV](mailto:BUSINESSTAX@PCBFL.GOV)**