

CITY OF PANAMA CITY BEACH

PROPERTY MANAGER REGISTRATION FORM

(1) Property Management or Individual Name:	Business DBA if Registered on www.sunbiz.org
Primary Contact:	Phone:
Mailing Address:	Email Address:
City, State, Zip:	(2) Business FEIN/SSN:
Date Rentals Began:	(3) State Sales Tax Certificate Number:
Please complete page 2 to register all managed properties located within the city limits of Panama City Beach. Please attach more copies as necessary.	
Are you using a Tax reporting Agent (CPA/bookkeeper, etc)?	<p>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.</p>
Yes	
No	
Send all correspondence to Agent?	
Yes	
No	
Agent name/address/phone/email: _____ _____ _____	

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. Owner's State Sales Tax Certificate Number:	
5. Prior Management Company		Current Management Company:	First Reporting Month:

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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: businesstax@pcbfl.gov