



# CITY OF PANAMA CITY BEACH

Fire Inspections Office



## 2025 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: \_\_\_\_\_