



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
- DBPR (Department of Business & Professional Regulations) License
- Proof of registration with the Bay County TDC / TDT (Tourist Development Tax)
- A valid PCB Local BTR (Business Tax Receipt) number
- Pool inspection certificate (if applicable)

Submitted By: _____ Date: _____

Position: _____