



CITY OF PANAMA CITY BEACH

Building and Planning Department

TEMPORARY USE APPLICATION

LDC Section 10.14.02

Temporary Use (Parking Lot Vending) Fee: \$50.00

Tent Fee: \$65.00 per tent larger than 10' x 10'

Date: _____

Property Owner Name: _____		Contact Number: _____	
Property Address: _____			
City: _____		State: _____	Zip Code: _____
Business Phone: _____		Fax: _____	E-Mail: _____
Name of Acting Agent (if applicable): _____			Phone Number: _____
<input type="checkbox"/> Retail Space:	Square Footage of Space: _____	Total # Parking Spaces: _____	
<input type="checkbox"/> Restaurant:	Occupancy: _____	Total # Parking Spaces: _____	

Vendor Name: _____		Contact Number: _____	
Vendor Email: _____		Type of Vending: _____	
Event Name: _____			
Event Date: _____	Date: _____	Date: _____	Date: _____
Time: _____	Time: _____	Time: _____	Time: _____

_____ of _____ ; _____ of _____ ; _____ of _____ ; _____ of _____ ;
 (# of tents) (size) (# of tents) (size) (# of tents) (size) (# of tents) (size)

Total Number of Tents on Property (Over 10' x 10'): _____

Site Plan Provided: Site plan must depict that location of vendor/tents is not within setback or buffer area and not in public right-of-way; any required parking spaces; any driveways or access way(s) are not blocked; and any designated fire lane(s) not blocked. All Site Plans and Plats shall be drawn to scale.

Number of Parking Spaces required: (If not a Community Event one (1) space per 200 square feet of sales area.) Parking Spaces shall be provided in addition to any required parking serving the operating business. Handicapped parking and access shall be provided according to the standards set forth in Ch 4 of the LDC.

VENDOR INFORMATION FOR BUSINESS TAX RECEIPT

Date: _____		<i>Business Tax Receipt: \$50.00</i>	
Promoter/Vendor/Contact Name: _____		Contact Number: _____	
E-Mail Address: _____		DOB: _____	Driver's License: _____
Business Name: _____		Business Phone: _____	
Business Address: _____		Fax: _____	
City: _____		State: _____	Zip Code: _____
Do you have a valid City Business Tax Receipt? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Required unless exempted by State law.)</i>			
Do you have a valid Portable Food Vending License? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Required from DBPR)</i>			

**116 S. Arnold Road
 Panama City Beach, FL 32413
 850-233-5100, ext. 2234**

**Website: www.pcbfl.gov
specialeventpermit@pcbfl.gov**

VENUE PROPERTY OWNERSHIP INFORMATION AND TEMPORARY USE AUTHORIZATION

If an **agent** will be acting on behalf of the **property owner** with regard to the temporary use permit application and any associated procedures, the property owner's permission and notarized signature is

_____ is a representative of _____
(Acting Agent) (Property Owner - printed name)

and is authorized to act as my agent with regard to this application and associated procedures.

(Property Owner's Signature)

STATE OF FLORIDA, COUNTY OF _____ Notary Name _____

Seal

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ 20 ____, Personally known or I.D. _____

For all temporary use permits, the applicant shall provide written notarized permission from the property owner and/or acting agent to conduct temporary parking lot vending on the property as well as permission for all customers and employees of the temporary vendor to use the restrooms of the operating business(es). This is required in addition to submittal of the application and a complete site plan. The procedure for review of applications is found in Sections 5.03.04 and 10.14.02 of the LDC. Additional plans, documents, and reports may be required as deemed necessary by the City Manager or his designee.

_____ has permission of _____
(Applicant's Name) (Property Owner or Acting Agent authorized above)

to set up and conduct business on our property. Additionally, patrons will be allowed access and use of existing business restrooms.

(Property Owner's / Agent's Signature)

STATE OF FLORIDA, COUNTY OF _____ Notary Name _____

Seal

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ 20 ____, Personally known or I.D. _____

The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law. DISCLAIMER: Errors, Mistakes, or Non-Compliance later discovered the Vendor will be liable for compliance.

FOR OFFICE USE ONLY:

Police Department Approval: _____
(Police Department Signature) Date

Fire Inspector Approval: _____
(Fire Inspector Signature) Date

Code Enforcement Approval: _____
(Code Enforcement Signature) Date

Planning Division Approval: _____
(Planning Division Signature) Date

Building Division Approval: _____
(Building Code Administrator Signature) Date