



**CITY OF PANAMA CITY BEACH**  
**Building and Planning Department**  
 116 S. Arnold Road, Panama City Beach, FL 32413  
 Pcbgov.com

**TEMPORARY USES – LDC Section 10.14.02**

**\$50.00**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Acting Agent: \_\_\_\_\_

List Date(s) of Event each day: Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Number of Parking Spaces Provided: \_\_\_\_\_ (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 Chapter 4.

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

Number of Tents on Lot: \_\_\_\_\_ Size of Each Tent: \_\_\_\_\_

**BUSINESS TAX RECEIPT APPLICATION FOR EVENT**  
**Business Tax Receipt \$50.00**

Promoter/Contact Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have a valid City Business Tax Receipt? Yes \_\_\_\_\_ No \_\_\_\_\_ (Required unless exempted by State law.)

Do you have a valid Portable Food Vending License? Yes \_\_\_\_\_ No \_\_\_\_\_ (Required from DBPR) (Attached)

Do you have a valid City Business Tax Receipt? Yes \_\_\_\_\_ No \_\_\_\_\_ (Required unless exempted by State law.)

Do you have a valid Portable Vending License? Yes \_\_\_\_\_ No \_\_\_\_\_

(A) Statement acknowledged before a notary public authorizing the acting agent to act on behalf of the property owner with regard to the application and associated procedures.

(B) Applicant is to provide written permission from the property owner and/or acting agent to conduct temporary sales on the lot. Please provide information that all customers and employees of the temporary vendor may use the restrooms of the operating business(s). Please provide current site plan indicating valid set-up on site. The procedure for review of application 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.

**Required Signature(s)**

(A) \_\_\_\_\_ is a representative of Owner and is authorized to act as my agent with regard to this application and associated procedures.

\_\_\_\_\_  
Owner's Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Personally known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
(Print, type, or stamp name)

(B) \_\_\_\_\_ Vendors Name \_\_\_\_\_ has permission of Owner to set up and conduct business on our property. Additionally, patrons will be allowed access and use of existing business restrooms.

\_\_\_\_\_  
Owner's Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Personally known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
(Print, type, or stamp name)

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.**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Building Official Signature OFFICE USE ONLY

SPECIAL CONDITIONS: \_\_\_\_\_ 11/15 #1