



**CITY OF PANAMA CITY BEACH**  
**Building and Planning Department**  
116 S. Arnold Road, Panama City Beach, FL 32413  
Leslie Roberson 850-233-5054, ext. 2304 [lroberson@pcbgov.com](mailto:lroberson@pcbgov.com)

**Trust Account Application**

*Please complete this form and return to the address above.*

**Contractor & Company Information:**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_ Type: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Statement acknowledged before a notary public authorizing the representative to act on behalf of the qualifier or license holder with regard to the application and associated procedures. Attached to the application.

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*A minimum deposit of \$500.00 is required. Statements will be mailed, e-mailed, or faxed to you on a monthly basis. You will be notified if your account balance drops below \$100.00. Original signatures will be required. Please come by our office to sign your permits on a **weekly** basis. Please make checks payable to: City of Panama City Beach.*

Opening Deposit Amount \$ \_\_\_\_\_

I would like my Trust Account Statements: Mailed \_\_\_\_\_ Faxed \_\_\_\_\_ E-mailed \_\_\_\_\_  
(Please check all that apply)

Qualifier Signature: \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_ Trust Account Number: \_\_\_\_\_

Personnel Initials: \_\_\_\_\_