



CITY OF PANAMA CITY BEACH

Building and Planning Department

TRUST ACCOUNT APPLICATION

Company Name: _____

Contractor Name: _____ Drivers License #: _____

Contractor License Number: _____ Type: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Telephone: _____

Fax Number: _____

Name of Acting Agent (if applicable): _____

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 should be attached to the application.

A minimum deposit of \$500.00 is required.

Statements will be mailed, e-mailed, or faxed upon request.

You will be notified if your account balance drops below \$100.00.

Please make checks payable to: City of Panama City Beach.

Opening Deposit Amount \$: _____

Payment Type: Check Cash Credit Card

X _____
Signature of Qualifier

by (Print Name) _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me

Notary Name/Seal _____

this _____ day of _____ 20 _____ ,

Personally known or I.D. _____

FOR OFFICE USE ONLY

Date Received : _____ Trust Account Number: _____

Personnel Initials: _____