



TOWN OF BELLEAIR  
901 PONCE DE LEON BLVD  
BELLEAIR FL, 33756

**APPLICATION FOR RESIDENTIAL PROPERTY RENTAL OCCUPATIONAL LICENSE**

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

Owner's Name: \_\_\_\_\_

Owner's Physical Mailing address **(MANDATORY)**: \_\_\_\_\_  
\_\_\_\_\_

P.O Box as Secondary Mailing Address: \_\_\_\_\_

Property Owner's Telephone Number and Area Code: \_\_\_\_\_

Local Individual or Local Property Management Company: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Physical Mailing Address **(MANDATORY)**: \_\_\_\_\_  
\_\_\_\_\_

P.O Box as Secondary Mailing Address: \_\_\_\_\_

Agent's Telephone Number and Area Code: \_\_\_\_\_

24 Hour Emergency Contact Person Telephone number and Area Code : \_\_\_\_\_

Registration Fee Paid By: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ By: \_\_\_\_\_

I hereby certify the above information is correct to the best of my knowledge and I did receive a copy of Belleair Town Ordinance No. 466.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED

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

Subscribed and sworn to (Affirmed) before me this  
\_\_\_\_\_ (date) by \_\_\_\_\_  
who is/are personally known to me or  
has/had produced \_\_\_\_\_  
(Identification Number) \_\_\_\_\_  
Notary Public, Commission No. \_\_\_\_\_