



Walton County Annual Dog Beach License Application

All permits expire August 1st, regardless of purchase date.

Permit # _____
(For Official Use Only)

Annual (\$40.00) Renewal (\$40.00) Lost Tag Replacement (\$10.00)

Replaces Tag # _____

WALTON COUNTY ADMINISTRATION IS NOT RESPONSIBLE FOR PERMITS LOST IN THE MAIL - A \$10.00 REPLACEMENT FEE WILL APPLY
Permits may be picked up in person during normal business hours Monday—Friday 8:00 A.M.—4:30 P.M.

Required Documents:

Rabies Vaccination Certificate Proof of Residency or Property Ownership

Residency Qualifications:

Parcel ID # _____

Florida Driver's License With Verifiable Walton County Address Walton County Voter's Registration Card

Section I—Owner Information

Owner Name: _____ E-mail Adress: _____

Mailing Address: _____

Walton Co. Property Address: _____

Home Phone #: _____ Alternate Phone #: _____

Section II—Pet Information

Pet Name: _____ Breed: _____

Sex: M F Spayed/Neutered: Yes No Color: _____

Rabies Tag# _____ Exp. Date : _____

Veterinarian: _____ Veterinarian's Phone Number: _____

Section III—Important Information

Fees for the beach dog tag is \$40.00 per year per animal. **ALL permits expire August 1st.** Owners are required to show proof of current rabies vaccination administered by a licensed veterinarian. Proof of Walton County residency or real property ownership is required. Beach dog tags allow permitted dogs to be walked ON A LEASH on Walton County beaches between the following hours:

3:30 P.M. TO 8:30 A.M.

Violation of any section of the Ordinance shall be a civil infraction the maximum penalty for which shall not exceed five hundred dollars (\$500.00).

Violations of animal ordinances can result in impoundment of your pet and a fine to you as owner, plus mandatory court appearances in certain circumstances. **Walton County Administration serves as an agent for the Board of County Commissioners for the issuance of this permit. Neither Administration or the Board of County Commissioners is liable for the actions of animals permitted in accordance with this ordinance (i.e. property damage, bites, or other harm to persons).**

Section IV—Signature

"Under penalties of perjury, I declare that I have read the foregoing instrument and that the facts provided herein are true."

Applicant Signature: _____ Date: _____



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Section V—Payment Information

Check or credit card payments accepted

Mail-in credit card payment: (check one) ___ Visa ___ Master Card ___ American Express ___ Discover

Name as it appears on credit card: _____

Billing Address (If Different than on permit application—page 1)

_____ Street _____ City _____ St. _____ Zip Code

Card Holder Telephone: _____

Credit Card #: _____

Expiration Date: _____ CVV Code: _____

ATTENTION: Credit Card user pays a convenience fee of 3.5% for the administration of the electronic process.

Please return this notice with your check or credit card

Applicant Signature: _____ Date: _____

Please Remit this form and proper Payment to:
Walton County Administration
76 North 6th Street
DeFuniak Springs, FL 32433
Or
P.O Box 1355
DeFuniak Springs, FL 32435
Fax: (850) 892-8454
Or E-mail