



Walton County Drive on the Beach/Vessel Launch Renewal Application—2019

Checklist:

- Prior Year Permit Taxes Must Be Current Proof of Residency *(if applicable)*
- Vehicle/Trailer Registration Proof of Real Property Ownership Controlling Interest Verification or Resolution *(if applicable)*

Section I—Owner Information

Permit Number: _____ *(For Official Use Only)*

Name: _____ Driver's License Number: _____

Corporate Name (If Applicable): _____

Home Address: _____

Home Phone : (_____) _____ Alternate Phone:(_____) _____ Date of Birth: _____

Are you claiming a disability?: Yes *(if yes, provide documentation of disability)* No

Are you a full-time Walton County resident?: Yes No

Parcel Identification Number: _____ E-mail Address: _____

Section II—Vehicle Information

Vehicle Make: _____ Model: _____ Year: _____ Tag Number: _____

State: _____ Vin: _____ 4x4 Yes No

Section III—Trailer Information

Make: _____ Model: _____ Year: _____

Tag Number: _____ State: _____ VIN: _____

"Under penalties of perjury, I declare that I have read the foregoing instrument and that the facts stated in it are true."

Applicant Signature

Printed Name

Date

The Board of County Commissioners is not liable for the actions of drivers permitted in accordance with this ordinance (i.e. property damage, theft, or other harm to persons).

**Renewal applications will be accepted beginning April 6th of each year.
Fees will not be pro-rated for applications filed late in the year.**

WALTON COUNTY ADMINISTRATION

76 North 6th Street or
PO Box 1355
DeFuniak Springs, FL 32433
Ph: 850-892-8155
Fax 850-892-8454

**WALTON COUNTY
BEACH PERMIT
PAYMENT INFORMATION**

Cash, Check, Debit and Credit Cards payments are accepted. Please make checks payable to: Walton County BCC. Visa, Mastercard, American Express and Discover are accepted. Debit and Credit card payments are also accepted by phone at Walton County Administration (850) 892-8155. If you wish to have your permit mailed to a different address than provided on the renewal application please provide the preferred mailing address below.

Note: All card transactions will be charged a 3.5% non-refundable service fee by MyFloridaCounty.com.

Cardholder: _____

Card Number: _____

Expiration Date: _____ CVV Code: _____

Billing Zip Code: _____

Phone #: _____

Mailing address: _____

Walton County Administration
76 North 6th Street
DeFuniak Springs, FL 32433
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