

Boat Ramp Parking Annual Permit Application

(Please Print)

Name: _____
(First, MI, Last)

Business Name: _____
(If Applicable)

Street Address: _____

City, State, Zip Code: _____

Mailing Address: _____
(If different than above)

Phone Number: (____) _____ E-Mail Address: _____

***COST:** \$110.00 (\$102.80 County Fee / \$7.20 - 7% State Sales Tax).

***Senior Annual Pass:** \$55.00 (\$51.40 County Fee / \$3.60 - 7% State Sales Tax) Please note: You must be 65 years of age or older and provide a photocopy of your valid Florida Driver's License.

***PAYMENT METHODS:** Money Order, Cashier's check, Cash, Check, Credit Card (MasterCard/Visa only)

Please do not send CASH through the mail. *Please make check payable to: **Pinellas County BOCC.**

* If check is returned by your bank for non-payment you will be assessed a returned check fee of \$30, in addition to the annual permit fee.

***CREDIT CARD PAYMENT:** Please provide Daytime Phone No. – We will call you for credit card information. Daytime phone number – if different than above: (____) _____

*Return by mail or in person to: Pinellas County Culture, Education, & Leisure, Boat Annual Permit, 12520 Ulmerton Road, Largo, FL 33774. Main office hours of operation: Monday-Friday 8 AM – 5 PM - Closed Weekends and Holidays. Call 727-582-2100 (select 0 from the menu) for additional information.

*Annual Permit will be mailed upon receipt of payment or credit card validation. Permit will be valid through the last day of the month one year from the issue date. The expiration date will be listed on Permit. Parking is on a space available basis; Permit does not guarantee a boat trailer, personal watercraft, vehicle or trailer parking space. Permit is NOT transferable.

*If you have a valid Florida Disabled Parking Permit, you are not required to pay the daily or annual fee. Permit must be properly displayed. You do not need to be parked in a marked handicapped space as long as permit is displayed.

Signature: _____ Date: _____

PARK USE ONLY Site Name Where Permit Issued: _____

Date Received _____ Permit Number: _____ Expiration Date: _____ Receipt Number: _____

Cash Credit Card Check #: _____ Amount Paid: _____ Date Mailed: _____ Staff Initials: _____

Updated 10/09