



City of Pompano Beach
Department of Development Services
Business Tax Receipt Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4668 / 954.786.4633 Fax: 954.786.4666

Affidavit: Inventory

State of Florida}
County of Broward }

Before me, the undersigned authority, personally appeared _____
(Print Name)

to me known and known to be the person executing this affidavit and states as follows:

(1) Name of Business: _____

(2) That he/she is the: _____

Of the above described business and makes this affidavit of his/her own personal knowledge.

(3) That the value of inventory of the aforesaid business DURING PEAK SEASON is NOT greater than:

RETAIL \$ _____

WHOLESALE \$ _____

(4) Merchandise offered for sale will be (check one) :

[] new items only [] used items only [] both new and used items

(5) That this statement is made in accordance with section 113.25 (A) (B) of the City of Pompano Beach code of ordinances.

BEFORE ME, the undersigned authority, personally appeared _____ (PRINT NAME) who after being duly sworn, deposes and says: That I am the person whose signature appears below, and that the information I have provided above in this document is true and correct.

Signature: _____

SWORN TO AND SUBSCRIBED before me this
_____ day of _____ 20 _____, in Pompano Beach, Broward County, Florida.

Notary Public
Seal of Office

Notary Public, State of Florida

(Print Name of Notary Public)
_____ Personally Known

_____ Produced Identification

Type of identification produced:
