

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

 100 W. Atlantic Blvd Pompano Beach, FL 33060
 Affidavit:

 Phone: 954.786.4668 / 954.786.4633 Fax: 954.786.4666
 Large Family Child Care Home

State of Florida} County of Broward}				
I(Print Name)	am the	(Title)		of the business known as
(Business Name)	ated at	(Address)	in	the City of Pompano Beach, FL.
I acknowledge that I have been advised <b>Zoning Code Section 155.4303.N</b> , pertabusiness listed above shall be conducted as all city code requirements.	ining to Large	Family Child Ca	are Hor	me. Further, I agree that the
Zoning Code Section 155.4303.N  "A large family child care home is an compensation (e.g., payment, fee, or gra at least two unrelated families and fall with the control of	nt), —whether o	or not operated f	or profi	
<ul><li>a. Up to eight children, where all a</li><li>b. Up to twelve children, where no</li></ul>			month	s old.
The numerical limits in paragraphs (a) a those children under 13 years old who include use of a private residence for a or the occasional care of children (with	are related to an informal coo	the caregiver. A perative arrange	\ family	y child care home does no
BEFORE ME, the undersigned authority, after being duly sworn, deposes and sa the information I have provided above in	ys: That I am ti	he person whos	e signa	
	Signa	ature:		
SWORN TO AND SUBSCRIBED before me County, Florida.	this day of		_ 20	, in Pompano Beach, Broward
Notary Public Seal of Office		Notary	Public,	State of Florida
		(Print I	Name o	f Notary Public)
				Personally Known
				Produced Identification
		Type o	of identif	fication Produced: