



City of Pompano Beach Business Tax Receipt Office



Dispensing of Controlled Substances Affidavit

State of Florida}
County of Broward}

I, _____, am a physician or other health care practitioner licensed in the State of Florida providing professional services in the medical office, business office or professional office located at _____ in Pompano Beach. I hereby acknowledge that I have been given a copy of Sections 155.063 and 155.029 of the City of Pompano Beach Code of Ordinances, which establish specific regulations relating to the dispensing of controlled substances that are identified in Schedule II, III, or IV in Section 893.03, 893.035 or 893.0356, of the Florida Statutes. I acknowledge that the City's ordinances contain a prohibition for on-site dispensing of controlled substances as indicated.

I further acknowledge that I have read and understand Sections 155.063 and 155.029 and ensure I will abide by these provisions.

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
____ Personally Known
____ Produced Identification
Type of Identification Produced: