



CITY OF POMPAÑO BEACH
BUSINESS TAX RECEIPT OFFICE



INVENTORY AFFIDAVIT

State of Florida}
County of Broward}

Before me, the undersigned authority, personally appeared _____
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:
() 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.

Signature: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____
20_____, at 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:
