



VILLAGE OF PALMETTO BAY
BUSINESS TAX LICENSE APPLICATION AFFIDAVIT

State of _____)

County of _____)

_____ being first duly sworn, deposes and says that: He/she is the (Owner, Partner, Officer, Representative or Agent) _____ of (name of business/applicant) _____, and that matters and facts stated in this application are true to his/her knowledge, and that he/she, in the aforementioned position is authorized to execute this application for the purposes of obtaining a Local Business Tax Receipt from the Village of Palmetto Bay.

Signature

Sworn to and subscribed before me this

_____ day of _____, 20____.

Print Name and Title Notary Public, State of Florida

My Commission Expires: _____

Any questions concerning this application should be referred to:

Village of Palmetto Bay, Planning & Zoning Division, 9705 East Hibiscus Street, Palmetto Bay, FL 33157. You may also call (305) 259-1271 or email mrodriguez@palmettobay-fl.gov
Hours of operation are 8:30 a.m. through 5:00 p.m.

OFFICE USE ONLY:

Date Submitted: _____ Process Number: _____ License Number: _____