AFFIDAVIT REGARDING BUSINESS TAX RECEIPT

Account No. _____ Receipt No. _____ Year _____

The undersigned hereby certifies the following fact(s) regarding the Business Tax Receipt described:

- ☐ The original Business Tax Receipt was lost or destroyed.
- ☐ The business has not been in operation from _____ to _____.
- ☐ Business exempt from compliance with the Fictitious Name Act for the following reason:
  - ☐ My business name is my legal personal name rather than a fictitious name. *(Example: John Doe Co.; John Doe, Owner.)*
  - ☐ I am exempt under Chapter 865.09(7), F.S. *(Example: A business formed by an attorney licensed to practice law in Florida, or a person licensed by the Department of Professional Regulation, for the purpose of practicing his licensed profession, notwithstanding that it transacts business ancillary to the practice of such profession.)*
  - ☐ Corporation or other legal entity registered with the Division of Corporations.
- ☐ Request physical location of business be restricted from public view
- ☐ Other _____

_____ _____ _____

Business Name *Signature of Owner* *Date*

POL-4 (R 11/16)