

AFFIDAVIT REGARDING BUSINESS TAX RECEIPT

Business Name _____ Account Number _____ 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. *(Must meet requirements per F.S. 119)*
- Business Closed _____ Other _____

Signature of Owner

Date