



MERCHANT'S AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____
Who being duly sworn states the following: *(Print Name of Applicant)*

- 1) Name of Business: _____

- 2) That He/She is the: _____
(President, Owner, Agent, Director, Etc.)

Of the above described business and makes the Affidavit of His/Her personal knowledge.

- 3) That the retail and/or wholesale value of inventory of this business is not greater than:
\$ _____

Signature: _____ Date: ____/____/____

SWORN TO AND SUBSCRIBED before me this _____

Day of _____, 20____, at Sunrise,
Broward County, Florida.

NOTARY PUBLIC - STATE OF FLORIDA AT - LARGE

My Commission Expires:

- Personally Known
- Produced I.D.
- Type of I. D. Produced: _____