



**AFFIDAVIT TO TRANSFER BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT
 (formerly known as occupational license) IN LIEU OF THE ORIGINAL RECEIPT.**

I, the undersigned authority, hereby certify the following information to be true and correct:

_____ Original business tax receipt is lost or cannot be obtained

_____ Original business tax receipt has not been renewed

INFORMATION AS IT NOW APPEARS ON RECEIPT:

BUSINESS TAX ACCOUNT NUMBER _____

NAME OF BUSINESS: _____

OWNER OF BUSINESS: _____

BUSINESS LOCATION: _____
 Street Address

_____ City State Zip Code

PLEASE MAKE FOLLOWING CORRECTIONS:

CHANGE BUSINESS NAME TO: _____

CHANGE OWNERSHIP TO: _____

CHANGE BUSINESS LOCATION: _____
 Street Address

_____ City State Zip Code

FEDERAL ID# OR SS#: _____

 Signature of Business Owner Date

FURTHER, AFFIANT SAYETH NAUGHT.
(IF A CORPORATION, PLEASE INCLUDE CORPORATE SEAL AND ATTACH CORPORATE DOCUMENTS)

Individual Acknowledgement:

State of FLORIDA

County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____ by _____, who

Is personally known to me or who produced a _____ as identification, regarding the attached instrument described as _____, and to whose signature(s) this notarization applies.

Notary public signature

Notary public printed name

Corporate Acknowledgement:

State of FLORIDA

County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____ by _____, of _____, Name of officer, title name

_____ Corporation, on behalf of the corporation state or place of incorporation, He/she,

Is personally known to me or who produced a _____ as identification, regarding the attached instrument described as,

_____, and to whose signature(s) this notarization applies.

Notary public signature

Notary public printed name

(Revised 1/8/20)