

CITY OF ROCKLEDGE
AFFIDAVIT IN SUPPORT OF APPLICATION FOR
BUSINESS TAX RECEIPT/BUSINESS PERMIT

STATE OF FLORIDA
COUNTY OF BREVARD
CITY OF ROCKLEDGE

Affiant, _____,
(name of Applicant)

whose business/ mailing address is _____

as the Applicant or the business Applicant's authorized agent, is requesting a business tax
receipt/business permit for the _____
(name of business)

located at _____
(street address of business)

in Rockledge, Florida, swears or affirms that the business tax receipt/business permit will not be
utilized by said business to engage in any activity which is in violation of City of Rockledge
Ordinances or Code, Brevard County Ordinances or Code, Florida State Law, or Federal Law.

Affiant avers that the business tax receipt/business permit will / or will not (choose one)
be used for an "Internet Cafe", "Adult Arcade", "Internet Sweepstakes" or other like business.
Should Applicant indicate the business will be an "Internet Cafe", "Adult Arcade" "Internet
Sweepstakes" or other like business, the Affiant states the business tax receipt/business permit
will not be used in association with unlawful gaming or gambling. Further, Affiant represents
that (s)he has read Chapter 849, Florida Statutes, as amended on April 10, 2013, and as may be
amended thereafter, that (s)he has been provided with a handout distributed by the Florida
Department of Law Enforcement, and that such businesses shall only be operated in strict

compliance with the law.

By signing below, I represent and warrant that I am the Applicant or an authorized agent of the Applicant, and that all information provided is accurate, current and complete to the best of my knowledge. I understand that falsification of information or operation of any business in violation of City Ordinances, County Ordinances, State Law or Federal Law will result in, at a minimum, the immediate termination of any business tax receipt and may be subject to a fine not to exceed \$250.00.

IN WITNESS THEREOF, the undersigned hereby sets his/her hand this _____ day of _____, 20____.

APPLICANT: _____
(Print Full Name of Applicant)

By: _____
(Affiant's Signature)

Its: _____
(Print Affiant's Position with Applicant)

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____,
by _____.

NOTARY PUBLIC-STATE OF FLORIDA
Printed Name: _____

_____ Personally known
_____ Produced _____ as identification