



MERCHANT’S AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____
(PRINT NAME OF APPLICANT)

Who being duly sworn states the following:

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** value of inventory of this business is not greater than:

\$ _____

That the **wholesale** value of inventory of this business is not greater than:

\$ _____

I swear or affirm the information given on and with this application is true to the best of my knowledge and belief. I am authorized to act and bind the firm in all manners connected with the business.

Print Name _____ Signature _____ Date _____
OWNER OR AGENT

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ___ day
of _____, 202___, by _____.

SIGNATURE OF NOTARY PUBLIC – STATE OF FLORIDA

PRINT, TYPE OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

Personally Known OR Produced Identification

Type of Identification Produced _____