



**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

WITNESS my hand and official seal, this _____ day of _____, A.D.20____

NOTARY PUBLIC

STATE OF _____