## **MERCHANT'S AFFIDAVIT**

## STATE OF FLORIDA

## **COUNTY OF BROWARD**

who being duly	sworn states the following:		(Name of Applicant)
(1)	Name of Business:		
(2)	That He/She is the:	(President, Owner, Ag	gent, Director, Etc.)
Of the above d	escribed business and mak	es this Affidavit of His/	Her personal knowledge.
(3)	That the RETAIL and/or WHOLESALE value of stock of this business is not greater than:  \$		
Signature:			
Date:			
	Day of		D before me this, 20 , at Sunrise
	NOTARY	PUBLIC STATE OF F	LORIDA AT-LARGE
	My Comn	nission Expires:	
Personally I		ced I.D. of I.D. Produced:	