TOWN OF PEMBROKE PARK

3150 SW 52 AVENUE • PEMBROKE PARK, FLORIDA 33023 • (954) 966-4600 EXT. 214 • (954) 966-5186 FAX

INVENTORY AFFIDAVIT

Retail/Wholesale Merchant:

Business Name / DBA / Name

This affidavit is use to update and/or change the current amount of your retail/wholesale inventory. The amount of your Business Tax Receipt fee is based on the figure that is submitted. Please complete this form, and have the signature of the owner, partner or corporate officer notarized and return to the Business tax / Billing Division.

I have

Business Addre	ess	
Bldg	Unit / Bay	z Zip
Average dollar	(\$) value of inventory at your	cost
	•	er or corporate officer of the above business. ned herein are true and correct.
Signature		Date
_	Owner, Partner or Corporate Of	
		Title
(0	Owner, Partner or Corporate Of	fficer)
To be completed	by a Notary Public:	
Sworn and subscri	bed before me thisday of	, 20
by		who is personally known to me, or who has
produced		as identification.
Notary Signature		(Notary Seal)
Name of Notary pr	inted	
State of	County of	