

City of Parkland

6600 University Drive
Parkland, FL 33067

Phone: 954-753-5447 Fax: 954 753-8838
Website: www.cityofparkland.org

Affidavit To Transfer City of Parkland 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 _____ Zipcode _____

PLEASE MAKE FOLLOWING CORRECTIONS:

CHANGE BUSINESS NAME TO: _____

CHANGE OWNERSHIP TO: _____

CHANGE BUSINESS LOCATION: _____

Street Address _____

City State Zip Code _____

FEDERAL ID# OR SS#: _____

STATE OF FLORIDA
COUNTY OF BROWARD

Signature of Business Owner

Date

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

NOTARY PUBLIC

Notary Stamp/seal