

# City of Parkland

6600 University Drive

Parkland, FL 33067

Phone: 954-753-5447

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Website: [www.cityofparkland.org](http://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