



CITY OF PALM BEACH GARDENS

BUSINESS SERVICES DIVISION
10500 NORTH MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

RETAIL/WHOLESALE AFFIDAVIT

2016-2017

Business Name: _____

Business location address: _____

Mailing Address: _____

Business Tax Receipt Number: _____

The City of Palm Beach Gardens requires a Retail/Wholesale Affidavit be submitted annually in order for the City to properly reflect the amount of your current retail or wholesale inventory. This amount will help determine the proper fees due for the forthcoming 2016-2017 Business Tax year. Please use the prior year's figures, either fiscal or calendar year, or if the business has been in existence less than one year, please use projected figures for the upcoming year. If the business has closed, please provide the date below.

This form must be signed, notarized and returned to the City via mail or scanned in color and emailed to ycortez@pbgfl.com no later than **April 30, 2016.** If you have any questions or require further assistance, please contact Yentl Cortez at 561.799.4216 or ycortez@pbgfl.com. Your business tax renewal notice will be sent to the mailing address above no later than July 1, 2016.

Cost of retail stock (inventory) and/or consigned merchandise \$ _____

Stock of merchandise means the full cash value of merchandise or goods on hand the last January 1, or for the applicant's fiscal year, whichever being the higher, and not the amount of capital stock invested in the business.

Date business closed (if applicable) _____

I hereby certify that the information and/or valuation stated herein to be true and correct to the best of my knowledge.

Owner/Authorized Agent

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or produced _____ as identification.

Signature of Notary Public

(notary seal)