



**City of Aventura
Community Development Department
19200 West Country Club Drive
Aventura, Florida 33180**

**Merchants Inventory Affidavit
(Oct.1, 2009 thru Sept. 30, 2010)**

THIS AFFIDAVIT MUST BE FILLED OUT AND RETURNED TO THE COMMUNITY DEVELOPMENT DEPARTMENT. OUR OFFICE REQUIRES THIS UPDATE INFORMATION EACH YEAR IN ORDER TO DETERMINE THE PROPER LOCAL BUSINESS TAX FOR YOUR BUSINESS FOR THE FORTH COMING FISCAL YEAR.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, PERSONALLY APPEARED _____
AND ATTESTED TO THE FOLLOWING:

1. NAME OF BUSINESS: _____
2. BUSINESS ADDRESS: _____
3. BUSINESS TELEPHONE: _____ FAX: _____
4. COMPLETE CORPORATE NAME (IF APPLICABLE): _____
5. FEDERAL EMPLOYER I.D. NO: _____ SALES TAX NO: _____
6. THE OWNER(S) OF THE BUSINESS:

NAME	HOM	E ADDRESS

TELEPHONE NO. _____		

NAME	HOM	E ADDRESS

TELEPHONE NO. _____		

5. FULL NATURE OF BUSINESS: _____

6. THAT THE BUSINESS IS A RETAIL AND/OR WHOLESALE BUSINESS WHICH IS IN THE BUSINESS OF SELLING GOODS OR MERCHANDISE ON A RETAIL AND/OR WHOLESALE BASIS.

7. THAT THE FOLLOWING IS A REPORT OF THE PREVIOUS YEAR FIGURES OR IF A NEW BUSINESS PROJECTED FIGURES FOR THE UPCOMING YEAR, FOR THE ABOVE DESCRIBED BUSINESS, OF THE COST VALUE OF RETAIL STOCK (INVENTORY) AND/OR COST VALUE OF CONSIGNED MERCHANDISE. IF THE BUSINESS IS NEW OR HAS BEEN IN EXISTENCE FOR LESS THAN ONE YEAR USE PROJECTED FIGURES FOR THE UPCOMING YEAR. YOU MAY USE FISCAL OR CALENDAR YEARS.

COST VALUE OF RETAIL STOCK (INVENTORY) AND/OR CONSIGNED MERCHANDISE \$ _____

CERTIFICATION

I HEREBY CERTIFY, UNDER OATH, THAT THE INFORMATION AND VALUATIONS STATED ABOVE BY ME ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF PREPARED BY SOMEONE OTHER THAN THE OWNER OF THE BUSINESS OR HIS AUTHORIZED DESIGNEE, HIS/HER DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAD ANY KNOWLEDGE.

SIGNED: _____ TITLE: _____ DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

SIGNATURE OF NOTARY PUBLIC PRINT, TYPE, OR STAMP NAME OF NOTARY

STATE OF: _____ MY COMMISSION EXPIRES: _____

- PERSONALLY KNOWN TO ME, OR
 PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION _____