



## SEMINOLE COUNTY TAX COLLECTOR OFFICE BUSINESS TAX RECEIPT AFFIDAVIT

**THIS IS TO CERTIFY THE FOLLOWING BUSINESS TAX RECEIPT INFORMATION:**

BUSINESS ACCOUNT NUMBER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

PHYSICAL ADDRESS OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am no longer an officer/owner of the above business and request my name be taken off of the Occupational Business Tax Receipt.

\_\_\_\_\_ As owner of the above listed business, I affirm that my business tax receipt has been lost or destroyed and authorize a duplicate printed receipt be issued and given to:

\_\_\_\_\_.

\_\_\_\_\_ As owner of the business listed above, I certify that I am no longer in business, as of \_\_\_\_\_, and am unable to surrender my Business Tax Receipt because it has been lost or destroyed.

\_\_\_\_\_ I verify that \_\_\_\_\_ resides at this location and that, as owner of the above listed residential property located in unincorporated Seminole county, I do authorize the use of this residential address as their business address. I understand it is the responsibility of the property owner and business owner to verify zoning requirements.

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

DATE \_\_\_\_\_

\_\_\_\_\_  
**PRINTED NAME OF OWNER/OFFICER**

\_\_\_\_\_  
Signature of Owner/Officer

\_\_\_\_\_  
**PRINTED NAME OF CO-OWNER/OFFICER**

\_\_\_\_\_  
Signature of Owner/Officer