

**CITY OF PALM BEACH GARDENS  
BUSINESS SERVICES  
10500 N. MILITARY TRAIL  
PALM BEACH GARDENS FL 33410  
(561) 799-4162-phone  
(561) 799-4281-fax**

**RETAIL/WHOLESALE AFFIDAVIT**

Dear Retail/Wholesale Merchant:

You are required by the City of Palm Beach Gardens to submit the current amount of your retail/wholesale inventory. The amount of your Business Tax Receipt fee is based on the figure that is submitted. Please complete this form, have the agent's signature notarized, and enclose it with your Business Tax Receipt application. If you have any questions, please call (561) 799-4162.

<p><b>Name of Business:</b> _____</p> <p><b>Business Address:</b> _____</p> <p><b>City/State/Zip:</b> _____</p> <p><b>Average Inventory at your cost:</b> _____</p>
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**\*This is to certify that I am the owner/agent of the above business. I have read this affidavit and the statements contained herein are true and correct to the best of my knowledge.**

Sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ by

\_\_\_\_\_ who is personally known to me or has

produced \_\_\_\_\_ as identification.

Signature of Applicant \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

Name of Notary typed, printed or stamped \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_