



**CITY OF PALM BEACH GARDENS**

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

**RETAIL/WHOLESALE AFFIDAVIT**

**2019-2020**

Business Name: \_\_\_\_\_

Business Address (Physical): \_\_\_\_\_

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 2019-2020 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 [business@pbgfl.com](mailto:business@pbgfl.com) no later than April 30, 2020.** If you have any questions or require further assistance, please contact Rose Futch at 561.799.4216 or [business@pbgfl.com](mailto:business@pbgfl.com). Your business tax renewal notice will be sent to the mailing address above no later than July 2020.

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)*