



Business Tax Receipt Affidavit

J.R. Kroll | Seminole County Tax Collector

(407) 665-1000

SEMINOLECOUNTY.TAX

PO BOX 630, SANFORD, FL 32771

This is to verify 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 **removed** from the 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, 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

My business is no longer located in Seminole County.

My business is located in a participating city.

I verify I have not been operating my business from _____ to _____.

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 Co-Owner/Officer