



AFFIDAVIT OF OUT OF BUSINESS/RE-OPENING

City of St. Petersburg, Business Tax Division | Website: <http://www.stpete.org/billing/business>
325 Central Avenue | PO Box 2842 | St. Petersburg, FL 33731 | P: 727-893-7241 | F: 727-893-4121

Control No.: _____

I hereby certify that _____
(Business Name or Independent Contractor Full Name)

located at _____
(Business Address)

ceased (stopped) business on _____ and re-opened business on _____.
(Ending Date) *(Re-opening Date)*

I certify the above business will not be in operation in the City of St. Petersburg's jurisdiction from date stated above unless the Business Tax office is notified.

I acknowledge the information on this form is true and correct.

I understand the St. Petersburg's City Code states it is unlawful to apply for a business tax certificate based on false information, the business tax application process may be subject to prosecution for an ordinance violation and is also subject to the penalties provided in Section 1-7, of St. Petersburg City Code.

"Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true."

Signature

Date