



City of Riviera Beach
Commercial Businesses/Professional Offices
Inventory & Certificate of Use Renewal Affidavit
Please Complete *All* Applicable Information Below

Business Name: _____

Vendor Number: _____ Email Address (Required): _____

Business Location Address: _____

Mailing Address: _____ Phone # _____

Is your business: (Please select all that apply)

a. Professional Office: Yes No Other: (Please Specify): _____

Number of Employee's with Professional Licenses (DBPR-Please provide copy): _____

b. Retail: Yes* No Wholesale: Yes * No Rental Service: Yes * No

*Total Value of Inventory Amount Required \$ _____

(ie: value of inventory for wholesale or retail; rental services; construction material; contractor storage)

Number of Rooms (hotels, motels, assisted living): _____ Number of Employees: _____

State approved capacity (child or adult day care) _____ Number of Boat Slips: _____

Number of Units (rentals or storage): _____ Number of Vehicles (delivery): _____

Number of Seats (if restaurant or salon): _____ Number of Vehicles; Vessels; Equipment (rental): _____

Number of Vending Machines and or ATM's: _____ Number of Vehicles (service): _____

Please Note: If you are a non-profit organization, it is mandatory to provide a copy of the 501(c)(3) form to indicate you are tax exempt. If appropriate, please provide a copy of your current state license and/or certification.

THE PROPERTY DESCRIBE ABOVE IS:

1. Free and clear of any stop work orders from the City's Building Division. Yes
2. Free and clear of any City building permits that have been inactive for more than 180 days. Yes
3. Free and clear of any City water liens or City property liens. Yes
4. Free and clear of any property maintenance or code compliance violations. Yes

I, the undersigned, swear that this affidavit including any attachments hereto is true and correct. I understand that a Certificate of Use is required per City Code of Ordinances Section 10-243, and that the issuance or renewal of a Certificate of Use and/or a Business Tax Receipt does not waive State of Florida's licensing, registration, and/or certification requirements, nor does it waive any other requirements of the City, County, State or Federal authority that must be met prior to engaging in or entering into that activity for which this affidavit is being made. Any misstatement of fact, whether intentional or not, shall result in the immediate denial or suspension of a Certificate of Use.

Owner or Authorized Agent Printed Name: _____

Owner or Authorized Agent Signature: _____ Date: _____

State of Florida, County of Palm Beach

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20__, by

 (Name of Person Acknowledging)

 (Signature of Notary Public)

 (Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____