TOWN OF MANGONIA PARK
BUSINESS LICENSE TAX DEPARTMENT
1755 EAST TIFFANY DRIVE
MANGONIA PARK, FLORIDA 33407
Office: (561) 848-1235 Fax: (561) 848-6940

AFFIDAVIT FOR BUSINESS LICENSE
LODGING AND/OR FOOD SERVICE ESTABLISHMENTS

STATE OF FLORIDA)
COUNTY OF PALM BEACH) **DATE _____**

I (We) hereby apply for a Business License to use property located at _____ _____for use as _____ with _____ seats (restaurant/lounge); _____ units (apt., motel, hotel, group home facilities). I (We) certify that I (we) am (are) eligible for this license and understand that it shall only be permitted in Zoning District _____ and that my (our) property is located in that Zoning District. I (We) do/do not provide accommodations for persons affiliated with an off-site treatment facility. I (We) understand that I (we) must comply with all applicable requirements of Chapter 509, F.S. in order to conduct a food service and/or lodging establishment as well as all regulations and ordinances of the Town of Mangonia Park. I (we) understand that if there are any violations of State or Local laws or regulations; or if I (we) have provided false or misleading statements to the Town, my (our) Business License shall be automatically revoked in accordance with Section 14-21. of the Town Code of Ordinances.

I understand the conditions required for a Business License and agree to abide by same.

_____ _____
Signature of Applicant Witness

_____
Witness

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

This "Affidavit for Business License" was acknowledged before me this _____day of _____, 20_____ by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

_____
(SEAL) Notary Public
State of Florida