



City of Aventura  
Community Development Department  
19200 West Country Club Drive  
Aventura, Florida 33180

Merchants Inventory Affidavit  
(October 1, 2016 thru September 30, 2017)

THIS AFFIDAVIT MUST BE FILLED OUT AND RETURNED TO THE COMMUNITY DEVELOPMENT DEPARTMENT. OUR OFFICE REQUIRES THIS UPDATE INFORMATION EACH YEAR IN ORDER TO DETERMINE THE PROPER LOCAL BUSINESS TAX FOR YOUR BUSINESS FOR THE FORTH COMING FISCAL YEAR.

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF DADE

BEFORE ME, PERSONALLY APPEARED \_\_\_\_\_  
AND ATTESTED TO THE FOLLOWING:

1. NAME OF BUSINESS: \_\_\_\_\_
2. BUSINESS ADDRESS: \_\_\_\_\_
3. BUSINESS TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
4. COMPLETE CORPORATE NAME (IF APPLICABLE): \_\_\_\_\_
5. FEDERAL EMPLOYER I.D. NO: \_\_\_\_\_ SALES TAX NO: \_\_\_\_\_
6. THE OWNER(S) OF THE BUSINESS:

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

5. FULL NATURE OF BUSINESS: \_\_\_\_\_
6. THAT THE BUSINESS IS A RETAIL AND/OR WHOLESALE BUSINESS WHICH IS IN THE BUSINESS OF SELLING GOODS OR MERCHANDISE ON A RETAIL AND/OR WHOLESALE BASIS.
7. THAT THE FOLLOWING IS A REPORT OF THE PREVIOUS YEAR FIGURES OR IF A NEW BUSINESS PROJECTED FIGURES FOR THE UPCOMING YEAR, FOR THE ABOVE DESCRIBED BUSINESS, OF THE COST VALUE OF RETAIL STOCK (INVENTORY) AND/OR COST VALUE OF CONSIGNED MERCHANDISE. IF THE BUSINESS IS NEW OR HAS BEEN IN EXISTENCE FOR LESS THAN ONE YEAR USE PROJECTED FIGURES FOR THE UPCOMING YEAR. YOU MAY USE FISCAL OR CALENDAR YEARS.

COST VALUE OF RETAIL STOCK (INVENTORY) AND/OR CONSIGNED MERCHANDISE \$ \_\_\_\_\_

**CERTIFICATION**

I HEREBY CERTIFY, UNDER OATH, THAT THE INFORMATION AND VALUATIONS STATED ABOVE BY ME ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF PREPARED BY SOMEONE OTHER THAN THE OWNER OF THE BUSINESS OR HIS AUTHORIZED DESIGNEE, HIS/HER DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAD ANY KNOWLEDGE.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINT, TYPE, OR STAMP NAME OF NOTARY

STATE OF:

MY COMMISSION EXPIRES:

- PERSONALLY KNOWN TO ME, OR
- PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION \_\_\_\_\_