



AFFIDAVIT OF OUT OF BUSINESS/RE-OPENING

City of St. Petersburg Use Only CONTROL #: _____

I hereby certify that _____ located at _____
(Business Name or Independent Contractor Full Name)
_____ ceased (stopped) business on _____
(Business Address) (Ending Date)
and re-opened business on _____.
(Re-opening Date)

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:
-------------------	--------------

SUBMISSION OPTIONS

EMAIL TO: license@stpete.org

MAIL TO: City of St. Petersburg Business Tax Division
P.O. Box 2842
St. Petersburg, FL 33731

DELIVER TO: City of St. Petersburg Business Tax Division
One 4th St. N.
St. Petersburg, FL 33731



Business Tax Division
stpete.org/businessstax
license@stpete.org
One 4th St. N.
727-893-7241