



FORM M-A

MERCHANT'S AFFIDAVIT

State of Florida
County of Broward

FORM MUST BE PRINTED AND SIGNED IN THE PRESENCE OF A NOTARY

BEFORE ME, the undersigned authority, personally appeared

_____ to be known to be the person executing
(Applicant's Name)

this Affidavit and states as follows:

- 1) Name of Business: _____
- 2) That he/she is the _____, of the above-named business and makes this affidavit of his/her own personal knowledge.
- 3) That the ☐ retail ☐ wholesale value of the aforesaid business is not greater than \$ _____
(only include the value of items you have for sale).
- 4) That this statement is made in accordance with Section 12-12(113) of the City of Margate Code of Ordinances.

Applicant's Signature

Printed Name

Sworn to (or affirmed) and subscribed before me **by means of ☐ physical presence or ☐ online notarization**, this ____ day of _____, ____ (year), by _____ (name of person making statement).

Signature of Notary

Personally known to me _____
Produced identification _____
Type of identification _____

Printed name of Notary