



**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