



**City of Hialeah
Business Tax Receipt Division
Verification Affidavit**

This is to inform the City of Hialeah that I, _____ will be

working at the following Business _____

located at _____ Hialeah, FL _____.

My State License is _____ Expires on _____.

and my Driver's License number is _____ Expires on _____.

I understand that when I cease work at the above location I will notify the Business Tax Receipt Division by form of a letter to cancel my license.

Signature of Applicant

Date

State of Florida. County of Dade.

Sworn and subscribed before me this _____ day of _____, 20_____.

My commission Expires

**Notary Public, State of Florida
Print, type or stamp Notary's name.**

Personally Known

Produced I.D. _____

Type of Identification