

**AFFIDAVIT – CLAIM OF BUSINESS TAX RECEIPT EXEMPTION**

THE CITY OF WINTER PARK  
STATE OF FLORIDA  
COUNTY OF ORANGE

The undersigned officer/agent duly authorized to administer oaths, hereby swears that the following is true regarding the undermentioned business/entity or attached list of businesses/entities and has personal knowledge of the statements made herein:

1. I am over the age of eighteen years, and serve as the authorized officer/agent for Business Entity Name: \_\_\_\_\_ or attached list of businesses/entities (if the undersigned officer/agent is claiming exemption for multiple businesses/entities).

2. I claim that this business/entity or businesses/entities is exempt from paying a local business tax to the City of Winter Park pursuant to Chapter 205, Florida Statutes and Chapter 94, Article II, City of Winter Park Code of Ordinances.

3. This business/entity or business/entities does not conduct business within the limits of the City of Winter Park and is solely an asset holding company that is not (i) selling any goods or services, (ii) soliciting business or offering goods or services for sale or hire, or (iii) acquiring or using any vehicle or any premises in the City of Winter Park for business purposes.

**FURTHER AFFIANT SAYETH NOT.**

By signing my name below, I hereby swear that the statements made above are true regarding the aforementioned business/entity or businesses/entities.

Authorized Officer/Agent Signature: \_\_\_\_\_

Authorized Officer/Agent Name Print: \_\_\_\_\_

Date: \_\_\_\_\_