

BAL HARBOUR VILLAGE



**LOCAL BUSINESS TAX RECEIPT RENEWAL
RETAIL MERCHANT
STATEMENT OF INVENTORY VALUATION**
License Year: October 1, ____ - September 30, ____

FLORIDA STATE SALES TAX NUMBER: _____

Fee for Retail Sales and Lease - Goods

Up to \$1,000.00 of Stock in Value	\$ 55.00
Each Additional \$1,000.00 or Fractional Part Thereof	\$ 3.25

Please complete the following Statement of Inventory Valuation:

I, _____, do solemnly swear that the 12-month average of the value of merchandise of _____ (Name of Business) is not in excess of \$_____, and this valuation is the wholesale cash value of the merchandise, to the best of my knowledge and belief.

Date

Signature

STATE OF _____

COUNTY OF _____

Sworn to and acknowledged before me this _____ day of _____, 200____, by _____, who is Personally Known to me _____ OR who Produced _____ as identification.

NOTARY SEAL

Signature of Notary Public

Name of Notary Public

Date Commission Expires