

## RESIDENTIAL LICENSE AFFIDAVIT

l,	
RESIDING:	
City of Hialeah Gardens, Florida, do swear and affirm that I have been informed of the conditions upon which the City will issue and Occupational License to conduct the following type of business at my residence:  Type of Business	
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 Identific	ation.