



# City of Cooper City Business Description Affidavit

STATE OF FLORIDA, COUNTY OF BROWARD}

Before me, the undersigned authority, personally appeared

Name: \_\_\_\_\_ Title: \_\_\_\_\_

To me known and known to be the person executing this affidavit and states his or her business description is as follows:

Business Name: \_\_\_\_\_

Located At: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Description:

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

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_, at Cooper City, Broward County Florida.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print Name of Notary Public)

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

Type of identification produced:

\_\_\_\_\_