

Affidavit for Duplicate Business License

Business Acct. No.: _____

Business Name: _____

Owner Name: _____

State of: _____

County of: _____

This Affidavit is made for the purpose of replacing Business License Certificate due to License being lost or destroyed per Code 1962, 16-13; Ord. No. 73-12, Ord. No. 78-10, 1; Ord. No. 83-26, 1.

Owner/Officer: _____

Authorized Signature

Address: _____

Finance Dept. Representative: _____

Date: _____