



## OFF-SITE BUSINESS AFFADAVIT

**I, the undersigned**, do hereby agree to comply with all standards for an off site business as defined in the Land Development Code, Section 3.00.00 as follows:

**Off-site business**-A sole proprietorship business whose primary physical operations (as distinguished from purely managerial activities) occur at a location other than the site of its permanent listed address. Such address shall be allowed to serve as an address of convenience for licensing purposes and for private management of business matters. However, the business shall involve **no on-premises storage, no signs** relating to the business activity and the business **shall create no parking** in addition to that normally associated with the site.

**I do solemnly swear** all information entered on this form is true and correct to the best of my knowledge. I am hereby notified that should any information on this form be found to be inaccurate or incomplete, the business tax receipt issued may be withdrawn and the business, professional, or occupational activity permitted therewith shall immediately cease until all defects have been corrected.

**I further acknowledge** that any departure from the prescribed definition shall be grounds for revocation of the applicable business tax receipt and I will cease the conduct of the off-site business.

**I further acknowledge** the local business tax receipt issued must be renewed each year prior to October 1<sup>st</sup>.

**I do hereby authorize** the City of Destin and its representatives the right to conduct reasonable inspection of premises to ensure compliance with the applicable conditions. I further acknowledge that if a nuisance complaint is received, and if noncompliance is determined, I understand that I shall have thirty (30) days in which to comply or cease operation at the permitted site.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Address

The foregoing instrument was acknowledged before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_ by, \_\_\_\_\_ who has produced \_\_\_\_\_ as identification or is personally known by me and who did (did not) take an oath.

State of Florida Notary Stamp:

Approved for off-site business: \_\_\_\_\_  
Community Development Staff