AFFIDAVIT

STATE OF FLORIDA, COUNTY OF WAKULLA

BEFORE ME personally appeared _____, who, after being sworn, states:

1. State the identity of the Applicant. If the Applicant is an unincorporated organization, include the names, dates of birth and residence addresses of all its principals. If the Applicant is a corporation, include the corporate name, state of incorporation and the names, dates of birth and residence addresses of its principle officers, directors and shareholders. If the Applicant is a limited liability company, include the company name, state of incorporation and the names, dates of birth and residence addresses of its members and managers.
2. Describe the Simulated Gambling Devices, including the number of devices.
3. State whether any of the individuals listed has, within the five-year period immediately preceding the date of the Application, been convicted of any felony under the laws of Florida, the United States, or any other States, and if so, the particular criminal act involved and the place of conviction.
4. State the street address of the Simulated Gambling Facility.
5. If the Applicant is a branch, chapter, lodge, or other local unit of a charitable organization or corporation: the name of the primary organization and the street address of its principal office.
6. State the name and address of an individual in Wakulla County who is authorized to receive notices from Wakulla County.
7. Statement certifying that all the information on the Application and any Attachments thereto are true and that the Applicant understands that any misstatement of material fact in the Application will result in the denial of the permit or, if it has been issued, in the suspension or revocation of the permit.

Date: _____

_____
[Applicant's Name]

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 2011 by __

_____.
Notary Public, State of Florida

_____
[Print, type or stamp commissioned name of notary.]

Check one:
_____Personally known _____Produced identification
Type of identification produced_____

SAMPLE