

STATE OF FLORIDA

Florida Department of Agriculture and Consumer Services Division of Marketing and Development

Bureau of State Farmers' Markets

AFFIDAVIT

Chapter 616.15, Florida Statutes Rule 5H-23.002 Phone (850) 617-7380; Fax (850) 617-7381

Please return to:

Florida Department of Agriculture and Consumer Services P.O. Box 6700 Tallahassee, Florida 32314-6720

COUNTY OF					
I, the undersig	ned executive officer	of		(Applicant)	
do hereby cert	ify there is in existence	e a binding contract enter	ed into, by and between the	applicant	
and					
the owner of		Name of Control A	musement Attraction/Compa		
		Name of Central A	musement Attraction/Compa	шу	
			Address		
on		, covering the period from the		day of	
	, 20	, through the	day of	, 20	
and that the or	iginal contract is avail	lable at the following loca	tion:		
		Address			
	City		State	Zip	
further certify of educational, Fair Association	the main purpose of the horticultural, livestocon is in compliance with	e applicant is to conduct a ck, charitable, historical, ci ith the requirements conta	nd operate the proposed fair t		
Sworn to und	subscribed before the		Signature of Executiv	e Officer	
day of		, 20	Title		
Notary Public.	State of Florida				
	_		Name of Fair Associa	tion	