CITY OF SUNRISE
Business Tax Receipt Division
1607 NW 136 Ave., Bldg. B · Sunrise, FL 33323 · P: 954.572.2352 · F: 954.572.2357

# FICTITIOUS NAME AFFIDAVIT

I hereby attest that I am not required to register my business with the Secretary of State of Florida under the Fictitious Name Act for one of the following:

- ☐ Doing business under my legal name.
- ☐ Business is incorporated and registered with the Secretary of State.
- ☐ Business name is a registered trademark.
- ☐ Exempt due to being licensed by DBPR.
- ☐ Federally chartered Bank.
- ☐ Other_____

Date_____

_____
Signature of Business Owner *(please sign and print)*

Business Name:_____

Federal I.D. # _____

(or) Social Security Number _____ (for individuals)

Form FNA-96