



AFFIDAVIT OF LICENSED EMPLOYEES

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

The license information provided is true, accurate, and complete. Furthermore, that individual (s) listed possess all required license (s) necessary to fulfill the responsibilities outlined in the contract and is a salaried employee of the entity. It is also acknowledged that the entity is obligated to notify the Town promptly and submit a new affidavit should this employee (s) be replaced or leave the entity, along with the updated licensing of the new employee (s).

Submitting a false attestation shall be deemed a material breach of contract and may result in immediate contract termination and/or debarment. The Town shall provide notice, in writing, to the Contractor of the Town's determination concerning the false attestation.

The undersigned is authorized to execute this affidavit on behalf of the Entity.

Date: _____, 20____ Signed: _____

Entity: _____ Name: _____

Title: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by _____.

(NOTARY SEAL) _____

Signature of Notary Public-State of Florida

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____