



CITY OF PALM BEACH GARDENS
Business Services Division
10500 N. MILITARY TRAIL
PALM BEACH GARDENS, FLORIDA 33410

COTTAGE FOOD OPERATIONS BUSINESS AFFIDAVIT

APPLICANT NAME: _____

COMPANY NAME & ADDRESS: _____

- I intend to operate a Cottage Food Operation.
- I acknowledge that I have received, read, understood and agree with the regulations regarding Cottage Food Operations.
- I acknowledge that I understand that if I do not comply with all regulations regarding Cottage Food Operations that the City of Palm Beach Gardens may initiate Code Enforcement proceedings against me and my business.
- I acknowledge that if a Code Enforcement violation is found that a fine of up to Two Hundred and Fifty Dollars (\$250.00) per day may be assessed for the violation and up to Five Hundred Dollars (\$500.00) per day for the second violation and/or suspension or revocation of the business tax receipt may occur.

DATE

APPLICANT'S SIGNATURE