

Fertilizer Application Affidavit

Date: _____

Office of Tax Collector Indian River County
County Administration Complex
1800 27th Street – Building B
Vero Beach, FL 32960

Re: Fertilizer Application Affidavit

To Carole Jean Jordan, Tax Collector:

I, _____ hereby certify that my business does not apply fertilizer to turf and/or landscape plants and thus I do not need to provide proof of successfully completing the training and continuing education requirements for applying fertilizer as set forth in the Indian River County Fertilizer and Landscape Management Ordinance, Chapter 316 of the Indian River County Ordinance Code, prior to obtaining an Indian River County Local Business Tax Receipt, as required by Chapter 316 and Section 207.16 of the Indian River County Ordinance Code. I also acknowledge that this affidavit will be provided by the Tax Collector of Indian River County to the Indian River County Public Works Department, which is responsible for enforcing the Indian River County Fertilizer and Landscape Management Ordinance, Chapter 316 of the Indian River County Ordinance Code.

(Business Name)

(Owner/Authorized Agent Signature)

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20__ by _____, who is personally known to me, OR who has produced _____, as identification.

(Affix Stamp/Seal)

(Signature of Notary Public, State of Florida)
Print Notary Name: _____