**TOBACCO AFFIDAVIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Please type or print legibly.*** | | | | |
|  |  |  | |  |
| NAME: LAST | FIRST | MI |  | DATE OF BIRTH |
|  |  |  | |  |
| HOME ADDRESS: | CITY | STATE | | ZIP CODE |
|  | |  | | |
| E-MAIL ADDRESS | | CONTACT PHONE NUMBER | | |

I confirm I have been a nonuser of tobacco or tobacco products for at least one year immediately preceding application as required by Florida State Statute 633.412.

**Signature Date**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTARIZED** | | | | | | | | | | | | | | | |
| STATE OF FLORIDA | | | | | | | | | | | | | | | |
| COUNTY OF | |  | | | | | | |  | | | | | | |
| On |  | | | , |  | | , |  | | | | | | | personally |
|  | (month and day) | | |  | (year) | |  | (Applicant’s Name) | | | | | | |  |
| appeared before me and, | | |  | | | who is personally known to me, or | | | | | |  | who has provided | | |
|  | | | | | | | | | | as identification. | | | | | |
|  | | | | | | | | |  | | | | |  | |
|  | | | | | | | | | Notary Public Signature | | | | |  | |
|  | | | | | | | | |  | | | | |  | |
|  | | | | | | | | | Commission expires: | |  | | | |  |
|  | | | | | | | | |  | |  | | | | |
| PLEASE AFFIX SEAL ABOVE | | | | | | | | | | | | | | | |