



VERIFYING AFFIDAVIT

(Attachment C)

_____, the _____ of
(Authorized Agent of Applicant) (Title)

_____, states under oath that (1) I am the individual responsible for submitting this application on behalf of Applicant; (2) the information contained in this application is true, current complete and accurate to the best of my knowledge and belief; and (3) I understand any misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue, or revocation of a license.

(Legal Name of the Business Entity Applicant)

(Signature of Applicant's Authorized Agent) (Title)

(Printed Name of Applicant's Authorized Agent) (Date)

STATE OF _____ §

COUNTY OF _____ §

Sworn and subscribed to before me this ____ day of _____, 20 ____, to certify which witness my hand and official seal.

Notary Public Signature

Notary Printed name

My Commission Expires: _____