**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 |