

**SALON SERVICES AFFIDAVIT**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am the  
(Please Print Name Legibly)

OWNER                  CORPORATE OFFICER  
(Please Pick One)

of the Salon/Spa Establishment listed above. I further certify that this location provides or does not provide the following services (all of which are *classified separately* on the City of Pembroke Pines Local Business Tax Receipt and *carry a separate fee*):

	<u>Code</u>	<u>Offering Service</u>	
		<i>**Please check either "Yes" or "No" for every item**</i>	
• Hair (Cut, Blow, Dye/Tint, Style, Perm)	BEA	Yes ___	No ___
• Nails (Manicure/Pedicure)	NAI	Yes ___	No ___
• Facials/Facial Waxing (Threading, Microdermabrasion)	PUN	Yes ___	No ___
• Make-up Artist, Microblading/Permanent Make-up, Eyelashes	PUN	Yes ___	No ___
• Body Wrap/Cavitation	PUN	Yes ___	No ___
• Body Waxing (Legs, Bikini, Arms)	PUN	Yes ___	No ___
• Electrolysis	PUN	Yes ___	No ___
• Massages (Does not include Pedicure Foot Massage)	MAS	Yes ___	No ___
• Parties/ Events at Location	PPL	Yes ___	No ___
• Are any other services not listed above being offered and/or advertised?		Yes ___	No ___

If yes, please list all other services currently being offered and/or being advertised:  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF AFFIANT** \_\_\_\_\_

State of Florida                  )  
County of Broward              )  
The foregoing instrument was acknowledged before me by means of    physical presence OR    online notarization this    \_\_\_ day of    \_\_\_\_\_,  
\_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)                  (Printed Name of Notary Public                  Personally known                  OR produced identification  
Type of Identification Produced \_\_\_\_\_

(Below This Line For Office Use Only)

