



# CITY OF CAPE CORAL

Department of Community Development / Licensing/Business Tax Division

## FERTILIZER AFFIDAVIT

I have been notified and fully understand that the City of Cape Coral regulates landscape management practices for the application and use of fertilizers. I am also aware that I am **not** allowed to perform fertilizing without first going through the workshop to receive training in Best Management Practices (BMPs) and obtaining certification.

I have been advised of these requirements and given information on how to comply with these requirements.

Under penalties of perjury, I declare that I have read the foregoing statement and the facts stated are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Name of Company/Organization

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF LEE

SWORN to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2011

Personally appeared \_\_\_\_\_, who has produced the following identification \_\_\_\_\_ or is personally known to me.

\_\_\_\_\_  
Notary Public Signature

Seal: