



STAFF USE ONLY

Intake Date: _____

By: _____

Petition # _____

Planning & Zoning Department

12300 Forest Hill Blvd., Wellington, FL 33414 (561) 791-4000 PZApplications@wellingtonfl.gov

AFFIDAVIT IN SUPPORT OF BED AND BREAKFAST APPLICATION

(Complete either individual or corporate Owner Occupied Affidavit, as Appropriate)

OWNER OCCUPIED AFFIDAVIT (CORPORATE)

BEFORE ME, the undersigned authority, personally appeared

_____ who upon being duly sworn states as follows:

1. I am over the age of 18 and am competent to testify to the matters stated herein.

2. I am the _____ President / _____ Managing Member / _____ General Partner of

_____, which is the owner of the property located at

_____ in Wellington, Florida (the "Property").

3. I have authority to execute this Affidavit on behalf of _____.

4. _____ has submitted an application to the Village of Wellington Planning and Zoning Department for the purpose of owning and operating a Bed and Breakfast within the Village of Wellington (Petition No. _____, hereinafter the "Petition").

5. I make this affidavit on behalf of _____ and pursuant to Wellington Ordinance No. 2016-12. I understand that this Affidavit will become part of the official application and the Petition for the Bed and Breakfast.

6. The following individual, who holds at least a twenty-five percent (25%) ownership interest in _____, will be the owner-operator of the Bed and Breakfast that is the subject of the Petition and is hereinafter referred to as the "Designee."

7. At all times during which the Bed and Breakfast that is the subject of the Petition is operational (if approved), the Designee will reside fulltime on the Property.

8. At all times during which the Bed and Breakfast that is the subject of the Petition is operational (if approved), the Designee will be the operator of the Bed and Breakfast.

9. I understand that the failure of the Designee to reside fulltime on the Property and to be the operator of the Bed and Breakfast will result in revocation of the development order and approval.

10. I also understand that any subsequent owner(s), purchaser(s) or successor(s) in interest of _____ must comply with Ordinance No. 2016-12 as a condition precedent to being able to operate a Bed and Breakfast within the Village of Wellington.

11. If the Designee's ownership interest in the company falls below twenty-five percent (25%), or if the Designee ceases to reside on and operate the Bed and Breakfast, I understand that _____ will be required to comply with Ordinance 2016-12 in order to continue to operate the Bed and Breakfast.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN THEM ARE TRUE. I FURTHER UNDERSTAND THAT ANY KNOWINGLY FALSE INFORMATION PROVIDED MAY CONSTITUTE PERJURY, A FELONY OF THE THIRD DEGREE, AND THAT WELLINGTON WILL PURSUE ALL LEGAL REMEDIES AVAILABLE TO IT.

NOTARY

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____. He/She is personally known to me or has produced _____ as identification and did/did not take an oath.

(Signature of Notary)

(Name – Must be typed, printed, or stamped)

My Commission Expires: _____
(NOTARY'S SEAL OR STAMP)