



BREVARD COUNTY
BUSINESS SELF-CERTIFICATION FORM

RETURN TO: PARKS AND RECREATION ADMINISTRATION OFFICE, 2725 JUDGE FRAN JAMIESON WAY, VIERA, FL 32940

Business Owner Name: _____

The "Business Owner", makes the following statements, which are true and correct, under penalty of perjury:

1. I am over 18 years of age, suffer no legal disabilities, am competent to testify, and have personal knowledge of the facts set forth herein.
2. I am the Business Owner, and authorized representative to submit this form, of the following business located in Brevard County, Florida:

Business Name: _____ Business Tax Receipt Number: _____

Property Address: _____

The Business is used for the following activities / purposes: _____

1. I understand that Section 74-101, Brevard County Code, identifies a "park" as private property specifically designated as being: (1) used for recreational purposes and (2) where children regularly congregate. The business is used for recreational purposes and where children regularly congregate.
2. Based on the above definition, the Business qualifies as a "park" and, therefore, should be listed on the County's Self-Certification Registry. I shall notify the County within forty-eight (48) hours once the Property is no longer being used as a "park".
3. I am voluntarily submitting this form under the Brevard County Self-Certification Registry Regarding Sexual Offenders and Sexual Predators to assist law enforcement with ensuring the public health, safety, and welfare are better protected from individuals who commit certain sex-related offenses.
4. I acknowledge that the Brevard County Sheriff's Office, or another law enforcement entity having jurisdiction, is ultimately responsible for determining whether the Business meets the definition of "park" under the Brevard County Code and that the filing of this form is simply to assist law enforcement personnel.

Business Email Address: _____ Business Phone Number: _____

Under penalties of perjury, I declare that I have read the foregoing Self-Certification Form and that the facts stated in it are true.

Signature, Business Owner

Printed Name: _____

Date