## AFFIDAVIT OF VENDOR/CONTRACTOR

STATE OF	
COUNTY OF	
BEFOR	E ME, the undersigned, personally appeared (Name of
Affiant), who, i	first being duly sworn, deposes and says:
1.	I have personal knowledge of the facts in this affidavit and am of legal age and of no disability
and have the au	thority to make the statements contained herein.
2.	I am the officer or agent of the business entity named below and make this affidavit to comply
with section 78°	7.06, Florida Statutes.
3.	The business entity does not use coercion for labor or services as defined in section 787.06,
Florida Statutes	5.
4.	I understand that I have a continuing obligation to notify the Village of Wellington if the
status of the bu	siness entity changes.
5.	Under penalty of perjury, I declare that I have read the foregoing Affidavit and that the facts
stated in it are t	rue.
FURTH	IER AFFIANT SAYETH NOT.
	Affiant Name:
	Signature:
	Title:
	Business Entity Name:
	Date:, 20
SWORI notarization, thas is personally identification.	N TO AND SUBSCRIBED before me by means of physical presence or online online of day of (Name of Affiant), (Name of Business Entity), who known to me or who has produced , as
	NOTARY PUBLIC, State of: Printed Notary Name: My Commission Expires: