TOBACCO AFFIDAVIT

| Please type or print legibly. | | | | |
|--|--------|-----------------------|----------------------|----------------------|
| | | | | |
| NAME: LAST | | | MI | DATE OF BIRTH |
| VAIVIE. EAST | 11101 | | IVII | DATE OF BIRTH |
| | | | | |
| HOME ADDRESS: | CITY | | STATE | ZIP CODE |
| IOWE ADDICESS. | CITT | | JIAIL | ZII GODE |
| | | | | |
| E-MAIL ADDRESS | | | CONTACT PHONE NUMBER | |
| I confirm I have been a nonuser of application as required by Florida SIGNATURE | | | one year i | mmediately preceding |
| | ı | NOTARIZED | | |
| | | <u>—</u> | | |
| On , , , | ,,,, | (Applican | t's Name) | personally |
| (month and day) | (year) | (Арріісан | (S Name) | |
| appeared before me and, | who is | personally known to m | ie, or | who has provided |
| | | as identificati | on. | |
| | | | | |
| | | Notary Public Signa | ature | |
| | | Commission expire | s: | |

PLEASE AFFIX SEAL ABOVE