



By my signature below, I affirm that all of the information provided in this application is true and complete to the best of my knowledge:

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

OR

Please send your completed application via U.S. Mail, or fax:

Office of the City Clerk  
Old City Hall  
315 E. Kennedy Blvd., Third Floor  
Tampa, FL 33602  
Fax: (813) 274-8306  
Email: [Sandy.Marshall@tampagov.net](mailto:Sandy.Marshall@tampagov.net)

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Transmitted to \_\_\_\_\_ on \_\_\_\_\_.