





**Notarized Affidavit**

I, \_\_\_\_\_, am the \_\_\_\_\_ of  
(First Name Last Name) (Title)

\_\_\_\_\_ and have the knowledge necessary to attest that this  
(Smoke Shop Name)  
smoke shop is primarily engaged in the sale of tobacco products and smoking instruments  
intended for off-premises consumption or use, and that it derived at least 75 percent of its gross  
revenue from such sales in \_\_\_\_\_.  
(Calendar Year)

**I declare under penalty of perjury that the foregoing is true and correct to the best of my  
knowledge, information, and belief.**

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_ by  
(Date)

\_\_\_\_\_  
(Name of Person)

Signature of notarial officer: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(seal)