



CITY OF POMPANO BEACH
LOBBYIST REGISTRATION FORM

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared the undersigned Affiant, who after being duly sworn, deposed on oath and said:

My Name is (Last, First, Middle Initial): _____

Name of my Business is (Company Name): _____

My Business Address is: _____

City: _____ State: _____ Zip Code: _____ Phone No: (____) _____

Fax No: (____) _____ Nature of Business, Occupation or Profession: _____

Name of my Principal is (Last, First, Middle Initial): _____

My Principal's Business Name is: _____

My Principal's Business Address is: _____

Nature of my Principal's Business: _____

My Principal's Occupation or Profession is: _____

(Please list additional Principals on Page 2)

Subject matter that I seek to influence (describe in detail): _____

Street address of subject matter is (if applicable): _____

The extent of any direct business association that I have with any current elected or appointed official or employee of the City is: ("Direct business association," means any mutual endeavor undertaken for profit or compensation.) _____

Note: You must attach an original written authorization from said principal(s) to lobby on that person's behalf. Additionally, pursuant to City Resolution No. 2015-411, upon completion of this form, please include a check payable to the City of Pompano Beach for the Annual Lobbyist Registration Fee of \$50.00 and \$75 for each listed principal.

I do solemnly swear that all of the foregoing facts are true and correct to the best of my knowledge, and I have read or am familiar with the provisions of City Ordinance §34.400 through §34.405.

Signature of Lobbyist: _____

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this _____ day of _____ 20____ by _____, who is personally known to me or who has produced _____ (type of identification).

NOTARY'S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

PRINCIPALS - Continued:

Page 2

Name of my Principal (Last, First, Middle Initial): _____

My Principal's Business Name is: _____

My Principal's Business Address is: _____

Nature of my Principal's Business: _____

My Principal's Occupation or Profession is: _____

Subject matter that I seek to influence (describe in detail): _____

Street address of subject matter is (if applicable): _____

Name of my Principal (Last, First, Middle Initial): _____

My Principal's Business Name is: _____

My Principal's Business Address is: _____

Nature of my Principal's Business: _____

My Principal's Occupation or Profession is: _____

Subject matter that I seek to influence (describe in detail): _____

Street address of subject matter is (if applicable): _____

Name of my Principal (Last, First, Middle Initial): _____

My Principal's Business Name is: _____

My Principal's Business Address is: _____

Nature of my Principal's Business: _____

My Principal's Occupation or Profession is: _____

Subject matter that I seek to influence (describe in detail): _____

Street address of subject matter is (if applicable): _____

ATTACH ADDITIONAL PAGES IF NECESSARY

Please complete and send the signed original to the City Clerk's Office, 100 West Atlantic Boulevard, Suite 253, Pompano Beach, Florida 33060. For questions or additional information, please contact the office of the City Clerk, at (954) 786-4611 or RecordsCustodian@copbfl.com