August 23, 2012

*This is a sample letter of intent, meant to be used only as a guide. Highlighted portions need to be customized. Verbiage may need to be changed or added, dependent upon the specific nature of your business.*

City of Plantation

Attn: City Clerk’s Office

400 NW 73 Ave

Plantation, FL 33317

Re: Practice Name

Dear Local Business Tax Clerk:

Please be advised that practice name will be opening an office in Plantation at enter address here. This location is approximately blank square feet and will have blank staff in total.

The purpose of this office is to enter detailed list of services here, including specialty. Typical business days and hours will be enter here. Clinical hours are scheduled from: enter times here, and/or clinical hours are by walk-in during the following times: enter hours here. Group sessions will be offered on insert days and time here with a maximum of enter # here participants **–or-** Group sessions will not be offered. The contracted biohazard waste provider is enter company name here **–or-** not necessary as there is no biohazardous waste generated. This office does **–or-** does not dispense narcotics. This office has enter number of commercial vehicles.

I do understand that each professional must have an individual Local Business Tax Receipt and I have included applications as necessary. Physician Name will be the Medical Director **–or-** Practice name is not required to have a medical director. The following professionals will be working at this location: List of professionals including name and title.

I have thoroughly reviewed your check-list of requirements and feel that all applicable information has been submitted; however, if you need additional information please contact me at your number here.

Sincerely,

Your name

Your title

NOTARY STATEMENT

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

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

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an individual or as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a corporation, limited liability company, or partnership formed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is personally known to me or has produced a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seal

Notary Signature