August 8, 2019

*This is a sample letter of intent, meant to be used only as a guide for the new lease of a salon.*

*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

Re: Business Name

Dear Local Business Tax Clerk:

Please be advised that name of salon/spa will be opening within Plantation at enter street address here.

Services offered are: enter detailed list here. We will have approximately enter number here square feet dedicated to retail sales. Typical business days and hours will be enter here. This location is approximately blank square feet and will have blank staff in total. This business has enter number here commercial vehicles.

I understand that massage and permanent makeup/micro blading professionals require individual approval from the Zoning Department and individual Local Business Tax Receipts in addition to specific establishment licenses. Massage, permanent makeup, micro blading, and tattoo services will not be offered. **or** Professional Name, type of regulatory license held, professional license number will be working at the location and an application is included.

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 telephone 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