

ATTESTATION OF COMPLIANCE WITH THE CITY OF JACKSON'S REOPENING GUIDELINES

1. I am _____ [POSITION] of _____ [NAME OF ESTABLISHMENT], located at _____ [ADDRESS], and hereby affirm under penalty of perjury that I have reviewed the COVID-19 related Mayoral Executive Orders, including the Second Amended Stay Safe Jackson Executive Order, and all applicable attachments thereto, which were developed and promulgated to limit the spread of COVID-19 and to allow certain establishments to operate safely during this global pandemic.
2. I understand the establishment/facility mentioned above may only operate in compliance with the applicable Executive Orders, including the Second Amended Stay Safe Jackson Executive Order, and all applicable attachments thereto.
3. I affirm that the establishment/facility mentioned above has taken all necessary steps to comply with the COVID-19 related Mayoral Executive Orders.
4. I understand that future violations could result in additional closures, fines, and even imprisonment in accordance with the Second Amended Stay Safe Jackson Executive Order, Section 45-17-9 of the Mississippi Code of 1972, as amended, and Section 86-1 of the Jackson Code of Ordinances.

Under penalties of perjury, I declare that I have read the foregoing Attestation and that the facts stated in it are true.

Signature of owner of other authorized agent

Date