

LMA Declaration

I, the undersigned, do swear and confirm the following facts:

1) The business name is _____

2) My legal name is as follows: _____

3) I am the owner of the aforementioned business

Yes

4) The type of business is

Consumer Services

Retail

5) Does the business offer an exclusive or expensive product or service?

Yes

No

6) My business provides the following service or product:

7) Is your business located in a residential neighborhood?

Yes

No

8) If so, what is the name of the neighborhood:

9) Are there residential neighborhoods within 1 mile of your business?

Yes

No

10) If so, please name the residential neighborhoods located 1 mile in each direction:

North: _____

South: _____

East: _____

West: _____

11) I know that any false information on this Declaration of Area Benefit is punishable to the fullest extent of the law.

I swear under penalty of perjury that I am the party described above and that all statements in this Declaration of LMA are true.

Signature: _____

State of Mississippi

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this ____ day of _____, 20 ____, within my jurisdiction, the within named _____, who acknowledged that they executed the above and foregoing instrument.

[Seal]

[Notary Public]

My Commission Expires: _____