



*City of North Miami Beach*  
*Business Tax Receipt Division*  
17050 NE 19 Avenue • North Miami Beach, FL 33162  
Phone: (305) 948-2917 • Fax: (305) 957-3517

## **Hypnotherapist Affidavit**

**Form 519**

State of Florida  
County of Miami-Dade  
City of North Miami Beach

I \_\_\_\_\_, hereby certify, under oath, am a teacher or practitioner of medical therapy or the science of hypnosis. I teach or practice hypnosis in connection with the science of medicine, dentistry, development of creativity, rehabilitative services, psychiatric research and similar activities. If I teach hypnosis, my pupils consist exclusively of medical doctors, dentists, registered nurses, medical or dental students and persons professionally associated with practitioners of medical, dental science, rehabilitative and technical services. I do not and will not practice or teach hypnosis for any theatrical or entertainment purpose whatsoever.

I submit this affidavit along with a support letter from a legally recognized "Practitioner of the Healing Arts" or other evidence as the City of North Miami Beach City Clerk may require for the purpose of obtaining a Business Tax Receipt as a "Hypnotherapist." [F.S. 485.03(3), F.S. 491.0141].

I understand that if my statement contains any misrepresentation, I shall have rendered myself liable for the full penalty of the laws therefore made and provided, including revocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Notary

State of Florida  
County of Miami-Dade

Sworn to and subscribed before me by \_\_\_\_\_, who is personally known to me or who produced identification, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary