



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE GOVERNOR

VIRGIN ISLANDS FIRE and EMERGENCY MEDICAL SERVICES

"Providing Safety, Service, and Satisfaction"



St. Thomas/St. John: 1005 Ross Taarneberg, St. Thomas, VI 00802 ~ Tel: (340) 774-7610
St. Croix: No. 3019 Orange Grove, St. Croix, VI 00820 ~ Tel: (340) 773-8050 ~ Fax: (340) 773-8032

AFFIDAVIT
HOME, VENDOR & CONTRACTOR BUSINESSES

Before me, the undersigned personally appeared _____
(Name)

who, being duly sworn according to law. Deposes and says the following:

1. Affiant declares that _____
(Business Name)

Type of business _____
(Describe business activity)

Located at _____
(Business Physical Address)

will not employ individuals;

2. Affiant declares that there will be no customers or employees entering the principle place of business. Potential customers shall be contacted and contracted by phone or fax or email avenues;
3. Affiant declares that there will be no manufacturing or distribution of materials from the principal place of business;
4. Affiant declares that there will be no use of heavy motorized and/or industrial-sized mechanized equipment in the normal day to day operation of the business;
5. Affiant declares that there will be no handling or usage of explosives, flammable liquids or hazardous materials in the normal day to day operation of the business;
6. Affiant declares that there will be no storage of over one (1) gallon of flammable liquid in the place of business (V.I. Code Title 23 Chapter 9 Section 773);
7. Affiant declares that he or she understands that failure to comply with the terms of this affidavit will result in penalties being assessed under V.I.C. Title 23 Chapter 9 Section 610, Fire Prevention Code.

Affiant's Signature (Business Owner or Authorized Representative)

Telephone No. _____

Subscribed and sworn to
before me on _____

Notary Public: _____

(Seal)

Name: _____

Notary No.: _____

Commission Expires: _____