

**SPECIAL EXCEPTION USE AFFIDAVIT OF
COMPLIANCE WITH CONDITIONS OF APPROVAL**
Body & Mind Works, Inc. (19-SE-017)

I, JONELLE RIVAS GIBSON, being sworn, do hereby certify and affirm that the following statements are true:

I have read in its entirety the Body & Mind Works, Inc. (19-SE-017) Development Review Report, any Supplemental Development Review Reports, and all attachments and exhibits associated with the special exception use application filed with the City of Lauderhill, Florida Planning and Zoning Division and understand its contents.

I have read and understand the below described conditions of approval and voluntarily agree to comply with all said conditions:

1. This Special Exception Use development order for an Office, Medical with Controlled Substance Provider shall be specifically granted to BODY & MIND WORKS, INC. and shall cover the licensed Nurse Practitioner, Jonelle Rivas Gibson and such development order cannot be assigned, leased, subleased, transferred or otherwise conveyed to another entity. Further, this special exception use development order shall automatically expire and become null and void if any entity other than BODY & MIND WORKS, INC. operates the use.
2. This Special Exception Use development order allows for no controlled substance prescriptions to anyone other than a patient on the day of an appointment.
3. This Special Exception Use development order allows for no prescription refills.
4. Complaints to Code Enforcement, Police or the Florida Board of Medicine may cause the SEU approval to be reviewed by the City Commission for possible revocation.
5. Any violation of these conditions of approval may result in a public hearing before the City Commission and may result in the modification, suspension or revocation of this special exception use development order or its conditions or

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both. Further, consistent with LDR Article IV, Part 4.0., Section 4.0, this development order may be revoked, suspended or modified based on the grounds stated herein. In addition, this development order is subject to post-approval review consistent with LDR Article IV, Part 4.0., Section 4.11.

I understand that I am swearing or affirming under oath the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement may include the modification, suspension or revocation of any resolution adopting the special exception use application and any certificate of use associated with the special exception use approval.

Print your name: JONELLE RIVAS GIBSON

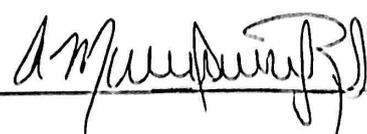
Sign your name: 

Date signed: Jan 23rd 2020

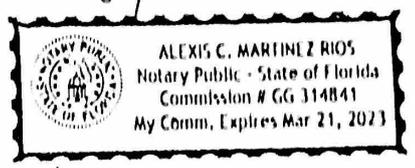
The foregoing instrument was acknowledged before me this 23rd day of January, 2020, by Jonelle Rivas Gibson, who is personally known to me or who has produced FL DL as identification and who did take an oath.

Notary public

Print your name: Alexis C. Martinez Rios

Sign your name: 

State of Florida at Largo Soal



My Commission Expires: 03/21/2023