APPLICATION FOR LOCAL BUSINESS TAX RECEIPT EXEMPTION

I attest that I do not sell intoxicating liquors or malt and vinous beverages and the business for which I am applying meets the Florida State Statute requirements for a business tax fee exemption in accordance with the item checked below, and I do hereby apply for the same:

☐ I am a physically disabled person, incapable of manual labor, AND I do not have more than one employee AND I use my own capital only, which does not exceed one thousand dollars ($1,000). (F.S. 205.162 – Physician Certificate of Disability from performing manual labor required.)

☐ I am sixty-five (65) years of age or older AND I do not have more than one employee AND I use my own capital only, which does not exceed one thousand dollars ($1,000). (F.S. 162 – Florida Driver’s License or other proof of age required.)

☐ I am an honorably discharged wartime veteran AND I am disabled from performing manual labor AND I am a permanent resident of Broward County, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood. (F.S. 205.171 – Honorable Discharge Certificate AND Government produced Certificate of Disability OR Physician Certificate of Disability from performing manual labor required.)

☐ I am the un-remarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor AND I am a permanent resident of Broward County, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood. (F.S. 205.171 – Honorable Discharge Certificate AND Government produced Certificate of Disability OR Physician Certificate of Disability from performing manual labor required AND Marriage Certificate AND Death Certificate required.)

___________________________________  __________________________________
Applicant’s Signature  Business Name

___________________________________
Printed Name

___________________________________
Date

NOTARY STATEMENT

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this _____ day of ____________________, 20_____, by ______________________________ who is personally known to me or who has produced a ______________________________ as identification, and ___who did (___did not) take an oath.

___________________________________
Seal

Notary Public