I attest that 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) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Physician Certificate of Disability 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) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Florida Driver’s License or other government issued identification required.)

☐ I am a widow with minor dependents 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) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – legal proof required.)

☐ I am an honorably discharged veteran of the United States Armed Forces. (F.S. 205.055 – Honorable Discharge Certificate required.)

☐ I am the spouse of an active duty servicemember of the United States Armed Forces who is stationed in Broward County, Florida. (F.S. 205.055 – Military Dependent Identification required.)

☐ I am the spouse or unremarried surviving spouse of an honorably discharged veteran of the United States Armed Forces. (F.S. 205.055 – Honorable Discharge Certificate AND Marriage Certificate required.)

☐ I am a person whose household income is below 130 percent of the federal poverty level based on the current year’s federal poverty guidelines. (F.S. 205.055 – proof required.)

☐ I am a person who is receiving public assistance as defined in F.S. 409.2554. (F.S. 205.055 – proof required.)

_____________________________________________  ___________________________
Applicant’s Signature                             Business Name

_____________________________________________  ___________________________
Printed Name                                     Date

State of ________________________________  NOTARY STATEMENT
County of ________________________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ______ day of ________________________________, 20_____, by ________________________________, an ☐ individual or ☐ as ________________________________ on behalf of ________________________________, a ☐ corporation, ☐ limited liability company, or ☐ partnership formed in ________________________________, who is ☐ personally known to me or ☐ has produced a _______________________________________________________________ as identification.

_____________________________________________  ___________________________
Signature of Notary Public                        Seal