Tax & License Section

APPLICATION FOR BUSINESS TAX FEE EXEMPTION

Applicant resides in Broward County, Florida, the permanent address of applicant is:

_____

Street Address City, State Zip Code

Applicant claims exemption from the business tax for the privilege of engaging in the business/occupation of:

_____

located at: _____

I, _____

do hereby certify 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.

☐ **DISABLED PERSON:** 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 ($1,000.00)
(F.S. 205.162 - Physician Certificate of Disability from performing manual labor required.)

☐ **AGE 65 OR OLDER:** I am sixty-five (65) years of age or older **AND** I do not have more than one (1) employee **AND** I use my own capital only, which does not exceed one thousand dollars ($1,000.00) (F.S. 205.162 – Florida Drivers License OR other proof of age required.)

☐ **WIDOW / WIDOWER:** I am a person who is a widow / widower with minor dependent(s) **AND I** do not have more than one employee AND I use my own capital only, which does not exceed one thousand dollars ($1,000.00)
(F.S. 205.162 -Proof of the right to the aforesaid required.)

☐ **HONORABLY DISCHARGED VETERAN:** I am a Veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or unmarried surviving spouse of such a veteran.
(F.S. 205.055) **AND** I own a majority interest in a business with fewer than 100 employees.

☐ **SPOUSE OF ACTIVIE DUTY SERVICE MEMBER:** I am the spouse of an active duty military servicemember who has relocated to the county or municipality pursuant to a permanent change of station order (F.S. 205.055) **AND** I own a majority interest in a business with fewer than 100 employees.

☐ **PUBLIC ASSISTANCE:** I am a person who is receiving public assistance as defined in F.S. 409.2554, (F.S. 205.055) **AND** I own a majority interest in a business with fewer than 100 employees.

☐ **HOUSEHOLD INCOME BELOW FEDERAL POVERTY LEVEL:** 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) **AND** I own a majority interest in a business with fewer than 100 employees.

Affirm that I am not engaged in the sale of intoxicating liquors or malt and vinous beverages.

I declare under penalty of perjury that the foregoing is true and correct.

_____ _____

Signature of Applicant Date

PHYSICIAN'S CERTIFICATE

STATE OF FLORIDA

COUNTY OF _____

I, _____, hereby certify that I am a licensed

practicing physician, located at _____

and that I am personally acquainted with _____

who is the applicant for exemption from payment of the business tax under the provisions of Section 205.162, Florida Statutes, and that I have thoroughly examined the said applicant and found him/her to be physically disabled and unable to perform manual labor as a means of livelihood as stated in the application of which this certificate is a part, the nature and extent of the disability being as follows:

_____

_____

_____

_____

_____

Physician's Signature Date