



APPLICATION FOR BUSINESS TAX EXEMPTION

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

Street	CITY OR TOWN	ZIP CODE
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Applicant claims exemption from license tax for the privilege of engaging in the business or 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.

___ I am a physically disabled person incapable of manual labor 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) AND I do not sell intoxicating liquors or malt and vinous beverages. (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 (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000.00) AND I do not sell intoxicating liquors or malt and vinous beverages. (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 AND I do not sell intoxicating liquors or malt and vinous beverages. (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 AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S.205.171-Honorable Discharge Certificate AND Government produced Certificate of Disability OR Physician Certificate of Disability from performing manual labor AND Marriage Certificate AND Death Certificate required.)

Signature of Applicant

Date