

APPLICATION FOR LOCAL BUSINESS TAX EXEMPTION

BUSINESS NAME: _____

OWNER'S NAME: _____

I, _____, DO HEREBY CERTIFY THAT THE BUSINESS FOR WHICH I AM APPLYING MEETS THE FLORIDA STATE STATUTE REQUIREMENTS FOR LOCAL BUSINESS TAX EXEMPTION IN ACCORDANCE WITH THE ITEM CHECKED BELOW, AND I DO HEREBY APPLY FOR THE SAME. I UNDERSTAND THAT FRAUDULENT CLAIMS WILL RESULT IN PROSECUTION.

_____ 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 a widow(er) with dependent children 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 – Marriage Certificate AND Death Certificate AND Children's Birth Certificate(s) 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 beverages or malt and vinous beverages. (F.S. 205.162 – Florida Drivers 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 Alachua County, Florida AND I carry on my own 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 unremarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor AND I am a permanent resident of Alachua 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.)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant

