



AFFIDAVIT FOR EXEMPTION FOR BUSINESS TAX RECEIPT

Business/Person Name: _____

I, _____, do hereby certify that the business or occupation for which I am applying meets the Florida State Statute requirements for a business tax exemption in accordance with the item checked below and I do hereby apply for the same. I understand that applicants for exemption must provide proper documentation to qualify for the exemption.

A. I wish to apply for the exemptions available under Florida Statutes Chapter 205.162. I certify that I use my own capital. Please indicate exemption & attach the required documentation.

- ☐ 1. **If applying for an exemption based on disability:** **Required Documents:** *Certificate of a reputable physician that the applicant claiming the exemption is disabled and the nature and extent of the disability being specified therein.*
- ☐ 2. **If applying for an exemption based on age:** **Required Documents:** *A Birth Certificate or Driver's License showing that the applicant is 65 years or older.*
- ☐ 3. **If applying for an exemption based on being a widow(er) with minor dependents:** **Required Documents:** *Death certificate of the spouse and the birthdates of all minor dependents.*

B. I wish to apply for the exemptions available under Florida Statutes Chapter 205.055. Please indicate exemption & attach required documentation.

- ☐ 1. **Veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or un-remarried surviving spouse of such a veteran.** **Required Documents:** *DD Form 214 Certificate of Release or Discharge issued by the U.S. Department of Defense, Veteran Identification Card issued by the U.S. Department of Veterans Affairs, or Valid FL Driver's License or FL Identification Card with "Veteran" designation.*
- ☐ 2. **Spouse of an active duty military service member who has relocated to the county pursuant to a permanent change of station order.** **Required Documents:** *Military Permanent change of Station (PCS) orders.*
- ☐ 3. **I am receiving public assistance as defined in F.S 409.2554. F.S. 205.055 (1)(c).** **Required Documents:** *Proof of enrollment in the Department of Children and Families' Access Florida Benefits Program (Access cards must have valid dates shown).*
- ☐ 4. **My household income is below 130% of the poverty level based on the current year's poverty guidelines.** **Required Documents:** *Tax return from last year.*

- ❖ Businesses who sell or make any alcoholic beverages are not entitled to any exemptions.
- ❖ Prior to renewal of the Business Tax Receipt, I will notify the City of St. Augustine if I no longer qualify for the exemption.

I hereby certify that I am a resident of Florida, and I am making application for the exemptions indicated. I affirm that I do qualify for the same under the Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Applicant's Signature

Date