



APPLICATION FOR LOCAL BUSINESS TAX RECEIPT EXEMPTION

_____ I attest that I do not sell intoxicating liquors or malt and vinous beverages for which I am applying meets the Florida State Statutes requirements for a business tax fee exemption in accordance with the item checked below, and I do hereby apply for the same. [F.S. 205.162(2)]

_____ I am disabled person, physically incapable of manual labor, AND I do not have more than one employee or helper, AND I use my own capital only, which does not exceed one thousand dollars (\$1,000). Physician's certificate of disability from performing manual labor is required. [F.S. 205.162(1)]

_____ I am a widow with minor dependents AND I do not have more than one employee or helper, AND I use my own capital only, which does not exceed one thousand (\$1,000). Supporting documentation is required [F.S. 201.162(1)]

_____ I am sixty-five (65) years of age or older AND I do not have more than one employee or helper, AND I use my own capital only, which does not exceed one thousand dollars (\$1,000). Supporting documentation, e.g. Driver's license or other proof of age, is required. [F.S. 205.162(1)]

_____ I am a veteran of the United State Armed Forces who was honorably discharged upon separation from service. Supporting documentation, e.g. DD214 and/or marriage license, is required** [F.S. 205.055(1)-(2)]

_____ I am the spouse or unremarried surviving spouse of a veteran of the United States Armed Forces who was honorably discharged upon separation from service. Supporting documentation, e.g. DD214 and/or marriage license, is required** [F.S. 205.055((1)-(2)]

_____ I am the spouse of an active duty military service member who has relocated to the Town of Hilliard and/or Nassau County pursuant to a permanent change of station order. Supporting documentation is required.** [F.S. 205.0551(1)-(2)]

_____ I am a person who is receiving public assistance as defined in F.S. 409.2554. Supporting documentation is required. ** [F.S. 205.055(1)-(2)]

_____ 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(1)-(2)]

**If a person who falls in this category owns a majority interest in a business with fewer than 100 employees, the business is exempt. Such person must complete and sign, under penalty of perjury, a request for Fee Exemption to be furnished by the local governing authority and provide written documentation in support of his or her request for an exemption for the business under subsection [F.S. 205.055(3)].

“UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENTS AND THAT THE FACTS SATE IN IT ARE TRUE.”

**SIGNATURE OF APPLICANT FOR LOCAL BUSINESS
TAX RECEIPT**

BUSINESS NAME

PRINT NAME OF APPLICANT

DATE

STATE OF FLORIDA, COUNTY OF NASSAU

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____

Personally known _____ OR Produced Identification _____ Type of Identification _____

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned name of Notary Public