



DATE _____
RECEIPT# _____

APPLICATION FOR LOCAL BUSINESS TAX EXEMPTION

All permanently disabled persons physically incapable of manual labor and persons 65 years of age or older, **with not more than one employee or helper, and who use their own capital only, (not in excess of \$1,000)** shall be allowed to engage in any business or occupation in **counties in which they live** without being required to pay for a Local Business Tax. The exemption provided by this section shall be allowed only upon the certificate of a county physician, or other reputable physician, that the applicant claiming the exemption is a permanently disabled person, the nature and extent of the disability being specified therein, or a person over 65 years of age, proof of the right to the exemption shall be made. Any person entitled to the exemption provided by this section shall, upon application and furnishing of the necessary proof as aforesaid, be issued a Receipt which shall have plainly stamped or written across the face thereof the fact that it is issued under this section, and the reason for the exemption shall be written thereon. Sec 205.162 (1) Florida Statutes.

APPLICANTS NAME: _____

1. Applicant's permanent address is _____
2. Business / Occupation / Profession _____
3. Business Location: _____
4. Applicant claims exemption for the reason marked below:
 Permanently disabled person physically incapable of manual labor. *(Physician's certificate, furnished on the back of this application, must be completed)*
 Applicant is 65 years of age or older.
Date of Birth ____ / ____ / ____ *(Copy of proof of age must be attached).*
5. No capital other than that of applicant is used or to be used in the conduct of the said business or occupation and the amount of such capital does not exceed \$1,000.00.
6. No more than one employee or helper is employed in connection with said business or occupation.

I hereby certify that the above and foregoing answers and statements are true.

Signature of applicant

SECTION 192.57 FLORIDA STATUTES

Sub-Section (1) No tax return or application for tax exemption, license, or permit of any kind or nature that may be required by law, need be made under oath.

Sub-Section (2) Whosoever makes or subscribes a tax return or application for exemption, license and permit, knowing or having reason to know the same is false as to any material matter therein, shall be guilty of a misdemeanor, and upon conviction shall be punished as provided by law.

PHYSICIAN'S CERTIFICATE
(required for disabled exemptions only)

STATE OF FLORIDA

MIAMI-DADE COUNTY

I, _____, hereby certify that I am a
licensed practicing physician, located at _____,
Florida, and that I am personally acquainted with
_____,

who is the applicant for exemption from payment of Local Business Tax under the provisions of Section 205.162, Florida Statutes, and that I have this day thoroughly examined the said applicant and found him/her to be permanently disabled and physically 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

State of Florida Medical License #

Local Business Tax Receipt #