## **BUSINESS TAX RECEIPT EXEMPTION FORM**



Signature of Applicant

| Account #  |
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| la control control of the state |
| I,, hereby certify that:   |
| 1. I am (Make a selection below):  |
| <ul> <li>A veteran of the United States Armed Forces who was honorably discharged upon separation from<br/>service, or the spouse or un-remarried surviving spouse of such a veteran, as verified by providing on<br/>of the following:</li> </ul>   |
| <ul> <li>DD Form 214, with the character of service reading Honorable (If the applicant is a<br/>spouse or un-remarried surviving spouse, in addition to the veterans DD214 you must<br/>include a copy of your marriage license)</li> </ul>   |
| <ul> <li>Valid Florida Driver License or Florida ID Card with the "Veteran" designation</li> <li>Veteran ID Card</li> </ul>  |
| <ul> <li>The spouse of the active duty military service member who has relocated to this county or municipality pursuant to a permanent change of station order, as verified by providing:         <ul> <li>Military Permanent Change of Station Orders</li> </ul> </li> </ul>   |
| <ul> <li>A person who is receiving public assistance as defined in Fla. Stat. 409.2554, as verified by providing:</li> <li>Your current letter from Department of Family and Children authorizing public assistance</li> </ul>   |
| <ul> <li>A person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines, as verified by providing:</li> <li>Tax return from last year</li> </ul>   |
| <ul> <li>Exemption for certain disabled persons, the aged, and widows with minor dependents</li> <li><u>Disabled:</u> Certificate from a reputable physician stating the applicant is disabled and the nature and extent of the disability along with a valid Florida ID / Driver License</li> <li><u>Age:</u> Valid Florida ID / Driver License proving age over 65 (With no more than 1 employee or helper, &amp; who use their own capital only, not in excess of \$1,000)</li> <li><u>Widow:</u> Valid Florida ID / Driver License, Death Certificate for spouse and proof of minor dependents</li> </ul>  |
| O Non-Profit   |
| • Proof of 501 (c) 3   |
| 2. I claim exemption from the payment of County Business Tax under the provisions of Fla Stat. 205.055   |
| 3. Prior to requesting a renewal of said Business Tax Receipt, I will notify the Martin County Tax Collector should I r longer qualify for this exemption.   |
| ** NOTE: In no event, under this or any other law, shall any person, veteran or otherwise, be allowed any exemption whatsoever from payment of any amount required by law for issuance of a Business Tax Receipt to sell intoxicating liquors or malt and vinous beverages.**  |
| UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT AND THAT THE FACTS IN IT ARE TRUE AND CORRECT.  |

Date