Finance and Administrative Services Department
REVENUE COLLECTION DIVISION – Tax & License Section
115 S. Andrews Avenue, Room A-100 • Fort Lauderdale, Florida 33301 • 954-357-8077 • FAX 954-468-3476

APPLICATION FOR BUSINESS TAX RECEIPT EXEMPTION
(Formerly Occupational License)

Applicant resides in Broward County, Florida, the permanent address of applicant is:

_____
STREET CITY ZIP CODE

Applicant claims exemption from the business tax for the privilege of engaging in the business/occupation of:

_____

located at:_____

I,_____, do hereby certify that the business for which I am applying meets the Florida State Statute requirements for a business tax fee exemption in accordance with the item checked below, and I do hereby apply for the same.

____ I am a physically disabled person, incapable of manual labor, AND I do not have more than one 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 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 liquors or malt and vinous beverages. (F.S. 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 Broward 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 required.)

____ I am the un-remarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor AND I am a permanent resident of Broward 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.)

_____ _____
Signature of Applicant **Date**

PHYSICIAN'S CERTIFICATE

STATE OF FLORIDA

COUNTY OF _____

I, _____,

hereby certify that I am a licensed practicing physician, located at
_____

and that I am personally acquainted with
_____

who is the applicant for exemption from payment of the business tax under the provisions of Section 205.162, Florida Statutes, and that I have thoroughly examined the said applicant and found him/her to be physically disabled and 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 Date