



LOCAL BUSINESS TAX RECEIPT FEE EXEMPTION REQUEST

____ I am a physically disabled person incapable of manual labor 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) AND I am a permanent resident of Collier County, Florida AND I do not sell intoxicating liquors, wine or beer. (FS 205.162-Physician Certificate of Disability from Performing Manual Labor Attached)

____ I am a widow(er) with dependent children 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) AND I am a permanent resident of Collier County, Florida AND I do not sell intoxicating liquors, wine or beer. (FS 205.162-Marriage Certificate AND Death Certificate AND Children's Birth Certificates Attached)

____ 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) AND I am a permanent resident of Collier County, Florida AND I do not sell intoxicating liquors, wine or beer. (FS 205.162-Florida Driver's License OR Other Proof of Age Attached)

____ I am a veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or unremarried surviving spouse of such a veteran. (as per FS 205.055 as amended)

____ I am the spouse of an active duty military service member who has relocated Collier County pursuant to a permanent change of station order. (as per FS 205.055 as amended)

____ I am a person who is receiving public assistance as defined in FS 409.2554. (FS 205.055)

____ 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. (FS 205.055)

____ I am a person who is exempt under subsection (1) owns a majority interest in a business with fewer than 100 employees.

____ Other

"UNDER THE PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE."

Signature of Applicant for Business Tax Receipt

Business Name

Printed Name of Applicant

Date

STATE OF FLORIDA, COUNTY OF COLLIER

Sworn and subscribed before me this ____ day of ____, 20____, by _____
(Name of person making statement)

Personally Known ____ OR Produced Identification ____ Type of identification. _____

Signature of Notary Public-State of Florida