



Finance and Administrative Services Department
RECORDS, TAXES AND TREASURY DIVISION – Tax & License Section
115 S. Andrews Avenue, Room A-100 • Fort Lauderdale, Florida 33301 • 954-831-4000 • 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