



Community Improvement
Department
6940 Hibiscus Ave S
South Pasadena, FL 33707
727-343-4192

City of South Pasadena

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT EXEMPTION

I attest that I do not sell intoxicating liquors or malt and vinous beverages and 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). (**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 employee, AND I use my own capital only, which does not exceed one thousand dollars (\$1,000). (**F.S. 205.162** – Driver's License or other proof of age required.)
- ☐ I am a widow/er with minor dependents, 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). (**F.S. 205.162** – Death Certificate required.)
- ☐ I am a veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or un-remarried surviving spouse of such a veteran. (**F.S. 205.055** – Copy of DD-214 and/or Letter from the Department of Veterans Affairs required.)
- ☐ I am the spouse of an active duty military service member who has relocated to the City of Clearwater due to a permanent change of station order (**F.S. 205.055** – PCS order required.)
- ☐ I am a low-income individual who is receiving public assistance, as defined in §403.2553, F.S. (**F.S. 205.055** – Proof of benefits required.)
- ☐ I am a low-income individual with a household income less than 130 percent of the federal poverty level based on the current year's federal poverty guidelines. (**F.S. 205.055** – Most current Income Tax Return required.)
- ☐ I am an exempt individual from the list above who owns a majority interest in a business with fewer than 100 employees. (**F.S. 205.055** – Proof of ownership required.)
- ☐ I am a person engaged in or managing a business regulated by the Department of Business and Professional Regulation and I have a current Business Tax Receipt from the county or municipality in the state where my permanent business or branch office is located. (**F.S. 205.065** – Current Business Tax Receipt from business location required.)
- ☐ I am a person engaged in the selling of Farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural, and tropical fish farm products; certain exemptions (**F.S. 205.064**.)

☐ I practice religious tenets of a church (**F. S. 205.191**)

☐ I own a charitable, religious, fraternal, youth, civic, service, or other similar organization that makes occasional sales or engages in fundraising projects that are performed exclusively by the members, and the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization (**F.S. 205.192** - Copy of 501(c)3 federal organization document or IRS Determination Letter required.)

☐ I don't qualify for any of the exemptions mentioned above.

“UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.”

Applicant's Signature

Business Name

Printed Name

State of Florida:

County of Pinellas:

SWORN AND SUBSCRIBED before me by means of ___ physical presence or ____ online notarization on this_____.

- ☐ PERSONALLY, KNOWN TO ME
☐ PRODUCED AS IDENTIFICATION

Type of Identification

Notary Signature

Name of Notary (Typed, printed, stamped)