



SUZANNE JOHNSTON, C.F.C.

Flagler County Tax Collector

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Phone: 386-313-4160 / Fax: 386-313-4161

www.flaglertax.com

APPLICATION FOR BUSINESS TAX RECEIPT EXEMPTION

Applicant resides in Flagler 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 am a permanent resident of Flagler County, Florida 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. 205.162 - Florida Driver's License OR other proof of age required.)

____ I 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 AND I own the majority interest in the business with fewer than 100 employees AND I am a permanent resident of Flagler County, Florida. (F.S. 205.055)

____ I am the spouse of an active duty military service member who has relocated to the county or municipality pursuant to a permanent change of station order AND I own the majority interest in the business with fewer than 100 employees AND I am a permanent resident of Flagler County, Florida. (F.S. 205.055)

____ My company is engaging in the sell of farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural, or tropical fish farm products, or products manufactured thereform, AND I do not sell intoxicating liquors, wine, or beer, when such products were grown or produced by such person in the state. (F.S. 205.064)

____ My company is 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 activies of the organization. (F.S. 205.192)

Under penalties of perjury, I declare I have read the foregoing document and the facts stated in it are true. I understand that person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Florida Statutes 775.082, 775.083 and 775.084.

Signature

Printed Name

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 of the disability being as follows:

Physician Signature

Date