



LOCAL BUSINESS TAX RECEIPT EXEMPTION FORM

Business Name: _____ Applicant Name: _____

Please check the boxes that apply below:

- 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. 162 Driver’s License or other proof of age required).
- I am an honorably discharged wartime veteran AND I am a permanent resident of Palm Beach County, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood (F.S. 205.171 – Honorable Discharge Certificate required).
- I am the un-remarried spouse of an honorable discharged wartime veteran AND I am a permanent resident of Palm Beach County, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood (F.S. 205.171 – Honorable Discharge Certificate required).
- I am the spouse of an active duty military service member, who has relocated to the Town of Lantana and/or Palm Beach County, Florida pursuant to a permanent change of station order.
- I am a low-income individual who is receiving public assistance, as defeneded in §403.2553, F.S.
- 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.

Under the penalties of perjury, I declare that I have read the above document and that all facts stated in it are true.

Applicant Signature

Date

STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this _____ day of _____, 20____ by _____.
 Personally known OR produced the following identification: _____.

Signature of Notary Public - State of Florida