



## LOCAL BUSINESS TAX REQUEST FOR FEE 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.

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Business Name

Nature of Business

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Business Location

- F.S.205.055(1)(a) Honorably discharged veterans and their spouses or the spouse or unremarried surviving spouse of such a veteran;
- F.S.205.055(1)(b) Active duty military service members' spouses who relocate to the county or municipality pursuant to a permanent change of station order;
- F.S.205.055(1)(c) Low-income individuals receiving public assistance, as defined in s.409.2554;
- F.S.205.055(1)(d) Low-income individuals 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(3) If a person who is exempt under subsection (1) owns a majority interest in a business with fewer than 100 employees, the business is exempt.
- F.S.205.064 Seller of farm products where grown.
- F.S.205.162 Disabled person physically incapable of manual labor, widows with minor dependents and persons over the age of 65 with not more than one employee and using less than \$1,000 of his or her own capital ***if a resident of Charlotte County***
- F.S.205.192 Charitable, religious, fraternal, youth, civic, service or other similar organization making occasional sales or engaging in fundraising projects performed by the members and the proceeds derived are used exclusively by the organization.

Per F.S. 205.055(2), a person must sign, under penalty of perjury, a Request for Fee Exemption to be furnished by the local governing authority and provide written documentation in support of his or her request for an exemption. Please attach supporting documentation.

### **A BUSINESS TAX RECEIPT IS NOT REQUIRED FOR THE FOLLOWING:**

F.S. 205.063 Exemptions; motor vehicles.- Vehicles used by any person receipted under this chapter for the sale of and delivery of tangible personal property at wholesale or retail from his or her place of business on which a business tax is paid may not be construed to be separate places of business, and a business tax may not be levied on such vehicles or the operators thereof as salespersons or otherwise by a county or incorporated municipality, any other law to the contrary notwithstanding.

F.S. 205.191 Religious Tenets. - Those persons practicing religious tenets of any church. A business tax receipt is not required.

**409.2554** Definitions; ss. 409.2551- 409.2598. - As used in ss. 409.2551 409.2598, the term:

(12) "Public assistance" means money assistance paid on the basis of Title IV-E and Title XIX of the Social Security Act, temporary cash assistance or food assistance benefits received on behalf of a child under 18 years of age who has an absent parent.

**What is Title IV E?**

**Title IV-E** of the Social Security Act (42 U.S.C. §§ 671-679b) is an important funding stream for foster care costs. It provides for federal reimbursement for a portion of the maintenance and administrative costs of foster care for children who meet specified federal eligibility requirements.

**What is Title XIX?**

Enacted in 1965, **Title XIX (19)** of the Social Security Act established regulations for the Medicaid program, which provides funding for medical and health-related services for persons with limited income.

**2018 Federal Poverty Chart**

# in Family / Household	Poverty Guideline	130% per FS 205.055
1	\$12,140.00	\$15,782.00
2	\$16,460.00	\$21,398.00
3	\$20,780.00	\$27,014.00
4	\$25,100.00	\$32,630.00
5	\$29,420.00	\$38,246.00
6	\$33,740.00	\$43,862.00
7	\$38,060.00	\$49,478.00
8	\$42,380.00	\$55,094.00

For families/households with more than 8 persons, add \$4,320 for each additional person.

**AFFIDAVIT**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Home Address

I have read and understand the contents of the foregoing document and declare that all statements herein are true and correct under penalty of law.

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of Florida

( ) Personally Known

County of \_\_\_\_\_

( ) ID Shown \_\_\_\_\_

Sworn & subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

Notary Print/Type \_\_\_\_\_

Commission Expires \_\_\_\_\_

(Notary Seal)