



TOWN OF HYPOLUXO

LOCAL BUSINESS TAX EXEMPTION AFFIDAVIT

Name: _____ Receipt #: _____

Address: _____ Telephone: _____

_____ Fax/email: _____

I, _____, DO HEREBY CERTIFY THAT THE BUSINESS FOR WHICH I AM APPLYING MEETS THE FLORIDA STATE STATUTE REQUIREMENTS FOR A LOCAL BUSINESS TAX EXEMPTION IN ACCORDANCE WITH THE ITEM CHECKED BELOW AND I DO HEREBY APPLY FOR THE SAME. I UNDERSTAND THAT FRAUDULENT CLAIMS WILL RESULT IN PROSECUTION.

_____ I am a physically disabled person incapable of manual labor AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (FS 205.162 – Physician Certificate of Disability required)

_____ I am a widow with dependent children AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (FS 205.163 – Marriage Certificate AND Death Certificate AND Children’s Birth Certificates(s) 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 (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (FS 205.162 – Florida Driver 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 Hypoluxo, 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. (FS 205.171 – \$50.00 Exemption - Honorable Discharge Certificate and Government Produced Certificate of Disability (10% or more) OR Physician’s Certificate of Disability from performing manual labor required.)

_____ I am the unremarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor AND I am a permanent resident of the State of 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. (FS 205.171 - \$50.00 Exemption – Honorable Discharge Certificate AND Government produces Certificate of Disability or Certificate of Disability from performing manual labor AND Marriage Certificate AND Death Certificate required.)

Signature of Applicant: _____ Date: _____

SWORN TO THIS _____ DAY OF _____, 20 _____

Notary Public

Personally Known _____
Type of ID _____
