



Visit Us Online at:
www.AlachuaCollector.com

Downtown Location
 12 SE 1st Street
 Gainesville, FL 32601

Southwest Location
 3837 Windmeadows Blvd
 Gainesville, FL 32608

Northwest Location
 5801 NW 34th Blvd
 Gainesville, FL 32653

Individual Exemption for Local Business Tax

Our mission is to serve the public with integrity, innovation, fiscal responsibility, and respect.

1. APPLICANT/OWNER INFORMATION

Owner's Name:			Business Name:		
Mailing Address:			Physical Address:		
City:	State:	Zip:	City:	State:	Zip:
Email:			Phone:		

2. APPLICANT'S ATTESTMENT

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

Please initial all that apply:

- _____ 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 dollars (\$1,000.00) 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 a widow(er) 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 dollars (\$1,000.00) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Marriage Certificate AND Death Certificate AND Children's Birth Certificate(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 dollars (\$1,000.00) AND I do not sell intoxicating beverages or malt and vinous beverages. (F.S. 205.162 – Florida Drivers 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 Alachua County, Florida AND I carry on my own 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. (F.S. 205.171 – Honorable Discharge Certificate AND Government produced Certificate of Disability OR Physician Certificate of Disability from performing manual labor required.)
- _____ I am the un-remarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor AND I am a permanent resident of Alachua County, 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. (F.S. 205.171 – Honorable Discharge Certificate AND Government produced Certificate of Disability or Physician Certificate of Disability from performing manual labor AND Marriage Certificate AND Death Certificate required.)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Owner/Applicant	Date
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