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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

Request for Fee 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, _____, DO HEREBY CERTIFY THAT THE BUSINESS FOR WHICH I AM APPLYING MEETS THE
 (Name of Applicant)
 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 a veteran of the United States Armed Forces who was honorably discharged upon separation from services, or the spouse or unremarried surviving spouse of such a veteran.
- 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.
- I am receiving public assistance as defined in s. 409.2554
- My household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines.

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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