



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSSStaff@belleviewfl.org

Business Tax Exemption Application

I do hereby 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.

- ☐ **DISABLED PERSON:** 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 (\$1,000.00) (F.S. 205.162- Physician Certificate of Disability form performing manual labor required)
- ☐ **Age 65 OR OLDER:** 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) (F.S. 205.162- Florida Drivers License **OR** other proof of age required.)
- ☐ **WIDOW/WIDOWER:** I am a person who is a widow/widower with minor dependent(s) **AND** I do not have more than one employee **AND** I use my own capital, which does not exceed one thousand dollars (\$1,000.00) (F.S. 205.162- Proof of the right to the aforesaid required.)
- ☐ **HONORABLY DISCHARGED VETERAN:** I am a Veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or unmarried surviving spouse of such veteran (F.S. 205.055) **AND** I own majority interest in a business with fewer than 100 employees.
- ☐ **SPOUSE OF ACTIVE DUTY SERVICE MEMBER:** I am the spouse of an active duty military service member who was relocated to the county or municipality pursuant to a permanent change of station order (FS 205.055) **AND** I own majority interest in a business with fewer than 100 employees.
- ☐ **PUBLIC ASSISTANCE:** I am a person who is receiving public assistance as defined in F.S. 409.2554, (F.S. 205.055) **AND** I own majority interest in a business with fewer than 100 employees.
- ☐ **HOUSEHOLD INCOME BELOW FEDERAL POVERTY LEVEL:** I am a person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines, (F.S. 205.055) **AND** I own majority interest in a business with fewer than 100 employees.

"UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE"

Signature of Applicant

Date

Printed Name

Business Address