



Local Business Tax Request Fee Exemption

Under penalty of perjury, I _____
here by claim I am entitled to an exemption from the City of Crystal River Local Business Tax requirement for
the business known as _____
due to meeting the provisions (s) of FS 205.055 indicated below.

FS 205.192 Charitable and Non Profit Organizations (Copy of 501C3 Required)

FS 205.055(1)(a) A veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse of un-remarried surviving spouse of such a veteran.

_____ I am an honorable discharged veteran AND am 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 alcohol. (F.S. 205.171 – Honorable Discharge Certificate AND Government produced Certificate of Disability OR Physical Certificate of Disability from performing the labor required by statute)

_____ 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 the City of Crystal River, Florida AND I carry on my business or occupation manly 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 Physical Certificate of Disability from performing manual labor AND marriage certificate AND Death Certificate required.)

FS 205.055(1)(b) 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.

FS 205.055(1)(c) A person who is receiving public assistance as defined in S.409.2554.37

FS 205.055(1)(d) A person whose household income is below 130 percent of the federal poverty level based on the current year’s federal poverty guidelines.

FS 205.055(3) A person who is exempt under subsection(1) and owns a majority interest in a business with fewer than 100 employees.

FS 205.162(1) All disabled persons physically incapable of manual labor, widows with minor dependents, and persons 65 years of age or older, with no more than one employee or helper, and who use their own capital only, not in excess of \$1,000, may engage in any business or occupation in counties in which they live with out being required to pay a business tax.

_____ I am a disabled person physically 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) 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 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) AND I do not sell alcoholic beverages. (F.S. 162 – Florida Driver’s License or other proof of age required)

The City of Crystal River Ordinance 11-13 allows for a fee exemption based on a disability, age and certain widows. The Ordinance allows the business license fee to be waived up to \$50. Any amount over \$50 will be the responsibility of the business owner. Note that the term “Fee Exempt per 11-13” will be written on the license in accordance with this Ordinance.

EXEMPTIONS – If you are requesting an exemption for any of the categories above, Florida State Statute requires applicants to provide documentation to support exemptions. A Driver’s License will prove age for age exemption. For Military exemption a DD214 is required, and if disabled proof of disability from the Veterans Affairs Office is needed. For Disability will need your Federal Disability Award Letter. A Non-profit or Charity is required to submit a 501 C (3) with the business name on it.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

State of FLORIDA, County of CITRUS

The foregoing instrument was acknowledged before me via () physical presence OR () remote audio-visual means this _____ day of _____, 20____, by _____, who personally known to me, or has produced _____ as identification and who did not take an oath.

Signature of Notary Public, State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

NOTARY SEAL