



APPLICATION FOR BUSINESS TAX EXEMPTION

FOR

PHYSICALLY HANDICAPPED, WIDOWS WITH MINOR DEPENDENTS AND PERSONS 65 YEARS OF AGE OR OLDER, NOT IN EXCESS OF \$1000 IN THE COUNTY WHERE THE APPLICANT LIVES.

(Sec. 205.162 F.S.)

1. Applicant lives in Pinellas County, Florida, the permanent address of applicant being:

_____, Florida
(applicant's home address)

2. Applicant claims exemption from business tax for the privilege of engaging in the business or occupation of:

_____/_____
(type of business) (applicant's business address)

Name of Organization: _____

Date: ___/___/___ Phone: _____

3. Applicant claims the exemption for the reason marked with an "X".

Exemption from the St. Petersburg business tax under Florida Statute 205.022 and Chapter 17, St. Petersburg City Code, is allowed only for the following reasons. Fill in all applicable blanks and check the appropriate category item (check one item only):

Form with checkbox and text: Applicant is a disabled "person" physically incapable of manual labor. (If exemption is claimed for this reason, have your physician fill out and sign the physician certificate from attached).

Form with checkbox and text: Applicant is a widow with minor dependents, as follows: Table with columns Names, Ages, Names, Ages. (If exemption is claimed for this reason, please include any and all supporting certificates).

Form with checkbox and text: Applicant is a "person" (not a legal entity) 65 years of age or older, with not more than one employee or helper, and who use their own capital only, not in excess of \$1000. In the county where the applicant lives. Applicant is ___ years of age, having been born at _____. County of _____ State of _____ on the _____ day of _____.

I hereby certify that the above-listed organization qualifies for a business tax exemption as indicated above.

Signature of applicant: _____ title: _____

STATE OF FLORIDA, COUNTY OF PINELLAS
The foregoing instrument was acknowledged before me

_____ by _____

who has produced _____ as identification, and who did not take an oath, and who appeared before me at the time of notarization.

Notary Public: _____

PHYSICIAN'S CERTIFICATE

STATE OF FLORIDA

COUNTY OF _____

I, _____ hereby certify that I am a
licensed practicing physician, located at

_____, Florida, and

that I am personally acquainted with

who is the applicant for exemption from payment of business tax under the provisions of Section 205.162,
Florida Statutes, and that I have thoroughly examined the said applicant and found him or her to be
physically disabled and unable to perform manual labor as a means of livelihood as stated in the
application of which this certificate is a part, the nature and extent of the disability being as follows:

print name of physician

signature of physician

FLORIDA STATUTES, 205.162 Exemption allowed certain disabled persons, the aged, and widows with
minor dependents.--
(1) All disabled persons physically incapable of manual labor, widows with minor dependents, and persons
65 years of age or older, with not 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 without
being required to pay a business tax. The exemption provided by this section shall be allowed only upon
the certificate of the county physician, or other reputable physician, that the applicant claiming the
exemption is disabled, the nature and extent of the disability being specified therein, and in case the
exemption is claimed by a widow with minor dependents, or a person over 65 years of age, proof of the
right to the exemption shall be made. Any person entitled to the exemption provided by this section shall,
upon application and furnishing of the necessary proof as aforesaid, be issued a receipt which shall have
plainly stamped or written across the face thereof the fact that it is issued under this section, and the
reason for the exemption shall be written thereon.
(2) Neither this nor any other law exempts any person from the payment of any amount required by law for
the issuance of a license to sell intoxicating liquors or malt and vinous beverages.