



LOCAL BUSINESS TAX RECEIPT (BTR) EXEMPTION AFFIDAVIT

BUSINESS NAME: _____

OWNER'S NAME: _____

I, _____, 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 CHECKED BELOW AND I DO HEREBY APPLY FOR THE SAME. I UNDERSTAND THAT FRAUDULENT CLAIMS WILL RESULT IN PROSECUTION.

_____ **Disabled, Aged, and Widows with Minor Dependents:** All disabled persons physically incapable of manual labor, widows with minor dependents, and persons 65 years 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. (F.S.205.162)

_____ **Charitable Institution:** Non-profit corporations operating physical facilities in this state (county) at which are provided charitable services, a reasonable percentage of which are without cost to those unable to pay.

(F.S. 205.022 – Non-profit documents required.)

_____ **Educational Institution:** State tax-supported, parochial, church, and non-profit private schools, colleges, or universities conducting regular classes and courses of study required for accreditation by or membership in the Southern Association of College and Secondary Schools, the Department of Education or the Florida Council of Independent Schools. Non-profit libraries, art galleries, and museums open to the public are defined as educational institutions and are eligible for the exemption. (F.S. 205-022 – Non-profit documents required.)

_____ **Religious Institutions:** Churches and ecclesiastical or denominational organizations or established physical places for worship in this state (county) at which non-profit religious services and activities are regularly conducted and carried on. (F.S. 205-022 – Non-profit documents 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 Applicant

Date

STATE OF FLORIDA

COUNTY OF: _____

Sworn to (or Affirmed) and subscribed
before me this ____ day of 20____,

By _____.

Personally Known _____ or Type of
Identification

Produced _____

Notary Public's Signature

Notary Name