



Exemption Affidavit – Local Business Tax

Name: _____

Application ID: _____

I, _____, DO HEREBY CERTIFY THAT THE BUSINESS FOR WHICH I AM APPLYING MEETS THE FLORIDA STATE STATUTE REQUIREMENTS FOR A 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.

_____ Charitable Institution: non-profit corporations operating physical facilities in this state (city) 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 document 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 Institution: churches and ecclesiastical or denominational organizations or established physical places for worship in this state (city) at which non-profit religious services and activities are regularly conducted and carried on. (F.S. 205.022 - Nonprofit documents required.)

_____ Farm Products: I am a natural person who sells farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural or tropical fish farm products or products manufactured therefrom, except intoxicating liquors, wine, beer, when such products were grown or produced by such natural person in the state, as defined by Florida Statutes. (F.S. 205.064)

_____ I am a veteran of the United States Armed Forces who was honorably discharged upon separation from service (F.S. 205.055 — Honorable Discharge Certificate required)

_____ I am the spouse or unremarried surviving spouse of a veteran of the United States Armed Forces who was honorably discharged upon separation from service. (F.S. 205.055 — Honorable Discharge Certificate, Marriage Certificate and Death Certificate, if applicable, required.)

_____ I am the spouse of an active duty military servicemember who has relocated to the county or municipality pursuant to a permanent change of station order. (F.S. 205.055)

_____ I am a person who is receiving public assistance as defined in s. [409.2554](#). (F.S. 205.055 – proof of public assistance required)

_____ 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.)

Exemption Affidavit – Local Business Tax (continued)

_____ 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 – proof of income level 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 an honorably discharged wartime veteran AND I am disabled from performing manual labor AND I am a permanent resident of the City of Sarasota, Florida, AND I am a permanent resident of the City of Sarasota, Florida, AND I carry on my business or occupation mainly 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 Physician Certificate of Disability from performing manual labor required.)

_____ 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 Sarasota, Florida, AND I am a permanent resident of the City of Sarasota, Florida, AND I carry on my business or occupation mainly 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 Physician Certificate of Disability from performing manual labor AND Marriage Certificate AND Death Certificate required.)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature and Date

State of Florida
County of Sarasota

Sworn to or affirmed and subscribed before me this _____ day of _____, 20_____

by _____
(Name of person making statement)

Signature of Notary Public, State of Florida

Signature of Notary Typed, Printed or Stamped

Personally Known _____ OR
Produced Identification _____ Type of Identification Produced: _____