



**City of Aventura
Community Development Department
19200 West Country Club Drive
Aventura, Florida 33180
(305) 466-8942**

BUSINESS TAX FEE EXEMPTION FORM

Business _____

Located at _____

I, _____

Do hereby certify that the business for which I am applying meets the Florida State Statute requirements for a business tax exemption:

<input type="checkbox"/>	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 from performing manual labor required.)
<input type="checkbox"/>	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 Driver’s License OR other proof of age required.)
<input type="checkbox"/>	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 only, which does not exceed one thousand dollars (\$1,000.00) (F.S. 205.162 - Proof of the right to the aforesaid required.)
<input type="checkbox"/>	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 unremarried surviving spouse of such a veteran (F.S. 205.055) AND I own a majority interest in a business with fewer than 100 employees.
<input type="checkbox"/>	SPOUSE OF ACTIVE DUTY SERVICEMEMBER: 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) AND I own a majority interest in a business with fewer than 100 employees.
<input type="checkbox"/>	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 a majority interest in a business with fewer than 100 employees.
<input type="checkbox"/>	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 a majority interest in a business with fewer than 100 employees.
<input type="checkbox"/>	RELIGIOUS INSTITUTION: (F.S. 205.191)
<input type="checkbox"/>	NONPROFIT ORGANIZATION: (F.S. 205.192)

I hereby certify that the above and foregoing answers and statements are true.

Signature of Applicant

Date

PHYSICIAN'S CERTIFICATE

STATE OF FLORIDA

COUNTY OF _____

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

and that I am personally acquainted with _____

who is the applicant for exemption from payment of Local Business Tax under the provisions of Section 205.162, Florida Statutes, and that I have this day thoroughly examined the said applicant and found him/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:

Physician's Signature

Date