



# City of Green Cove Springs Local Business Tax Exemption Form

**FOR OFFICE USE ONLY**

- Approved**
- Approved with conditions listed below**
- Denied**

**Please be sure to read and complete this exemption form in full. Incomplete submittals will not be accepted.**

**The exemption form must be signed and notarized.**

1. Applicant Name: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_
2. Business/ Institution Name: \_\_\_\_\_
3. Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_
4. Business/Institution Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I, \_\_\_\_\_, DO HEREBY CERTIFY THAT I OR THE BUSINESS FOR WHICH I AM APPLYING MEETS THE FLORIDA STATE STATUTE REQUIREMENTS FOR LOCAL BUSINESS TAX EXEMPTION AS INDICATED BY CHECKING THE SPECIFIC EXEMPTION BELOW. I ACKNOWLEDGE THAT ANY FRAUDULENT CLAIM(S) MAY RESULT IN REMEDIAL ACTION, UP TO AND INCLUDING PROSECUTION.

**INDIVIDUAL EXEMPTIONS:**

\_\_\_\_\_ 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 (Chapter 205.162, F.S.) AND I am a resident of the State of Florida. *Physician Certificate of Disability from performing manual labor AND proof of residency in the State of Florida are required.*

\_\_\_\_\_ I am a widow with minor 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 (\$1,000.000) AND I do not sell intoxicating liquors or malt and vinous beverages (Chapter 205.162, F.S.) AND I am a resident of the State of Florida.

\_\_\_\_\_ 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 (\$1,000.000) AND I do not sell intoxicating liquors or malt and vinous beverages (Chapter 205.162, F.S.) AND I am a resident of the State of Florida. *Florida Driver's License OR other proof of age AND proof of residency in the State of Florida required.*

\_\_\_\_\_ I am an honorably discharged wartime veteran AND I am disabled from performing manual labor AND I am a permanent resident elector of the State of Florida, AND I carry on my own 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. Such persons are entitled to an exemption to the extent of fifty dollars (\$50.00) on any local business tax to engage in any business, profession, or occupation which may be carried on mainly through the personal efforts of the receipt holder as a means of livelihood. *A copy of Honorable Discharge Certificate AND Government-produced Certificate of Disability OR Physician Certificate of Disability AND proof of residency in the State of Florida required.*

\_\_\_\_\_ I am the un-remarried spouse of a deceased, honorably discharged wartime veteran who was 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 intoxicating liquors or malt and vinous beverages. Such persons are entitled to an exemption to the extent of fifty dollars (\$50.00) on any local business tax to engage in a business, profession, or occupation. *A copy of spouse's Honorable Discharge Certificate AND Government-produced Certificate of Disability OR Physician Certificate of Disability from performing manual labor AND Marriage Certificate AND Death Certificate of spouse are required.*

\_\_\_\_\_ I am a college or high school student selling pennants, badges, insignia, and novelties of my school. *A letter authorizing student participation from the athletic association or other proper school authority is required.*

**ORGANIZATION EXEMPTIONS:**

\_\_\_\_\_ **Charitable Institution:** Nonprofit 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 (Chapter 205.022, F.S., Chapter 205.192, F.S.). *Documentation establishing status as a nonprofit corporation required.*

\_\_\_\_\_ **Educational Institution:** State tax-supported or parochial, church and nonprofit private schools, colleges, or universities conducting regular classes and courses of study required for accreditation by or membership in the Southern Association of Colleges and Schools, the Department of Education, or the Florida Council of Independent Schools. Nonprofit libraries, art galleries, and museums open to the public are defined as educational institutions and eligible for exemption (Chapter 205.022, F.S.). *Documentation establishing status as a nonprofit corporation required.*

\_\_\_\_\_ **Religious Institution:** Churches and ecclesiastical or denominational organizations or established physical places for worship in this state at which nonprofit religious services and activities are regularly conducted and carried on, and also means church cemeteries (Chapter 205.022, F.S., Chapter 205.171, F.S.). *Documentation establishing status as a nonprofit corporation required.*

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Typed or printed name and title of Applicant or Agent

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State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is personally known to me, or who has produced \_\_\_\_\_ as identification.

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary Public, State of \_\_\_\_\_

<b>Office Use Only:</b>	Review Date: _____
Development Services Director Signature: _____	