



Affidavit for Business Tax Exemption

Business name (if applicable) _____ Telephone number _____

Business address _____

Referencing FS-205.162, exemption is allowed for:

1. **Disabled person.** Provide proof by submitting a physician’s certificate claiming the nature and extent of the disability.
2. **Widow with minor dependent(s).** Provide proof of death certificate and minor(s) birth certificate(s).
3. **65 years of age or older.** Provide proof of driver’s license. I affirm there is no more than one employee or helper and I am using my own capital only, not exceeding \$1000.00.

Print name _____ Signature _____

Referencing FS-205.171, exemption is allowed for:

4. **Disabled veteran or their un-remarried spouse.** Provide proof of driver’s license, voter’s registration, and honorable discharge from the service of the United States.

Applicant’s name _____ Applicant’s signature _____

State of _____

County of _____

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

by _____ who (check one) is personally known to me _____ or has provided the

following identification _____

Notary Public’s Signature