

CITY OF NEPTUNE BEACH
WAIVER/\$50 EXEMPTION OF
LOCAL BUSINESS TAX RECEIPT

I, _____, do hereby certify that I meet the Florida State Statute requirements for an local business tax receipt fee exemption in accordance with the item checked below and I do hereby apply for the same. I understand that fraudulent claims will result in my prosecution.

_____ I am physically disabled person incapable of manual labor; do not have more than 1 employee; use my own capital only, which does not exceed \$1,000 and do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 - Physician Certificate of Disability from performing manual labor is required).

_____ I am a widow(er) with dependent children; do not have more than 1 employee; use my own capital only, which does not exceed \$1,000 and do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 - Marriage Certificate and children's Birth Certificates and Death Certificate required).

_____ I am 65 years of age or older; do not have more than 1 employee; use my own capital only, which does not exceed \$1,000 and do not sell intoxicating liquors or malt and vinous beverages (F.S. 205.162 - Florida driver's license or other proof of age required).

_____ (\$50 Exemption) I am an honorably discharged wartime veteran; disabled from performing manual labor; a permanent resident of Duval County; an elector of the State of Florida; carry on my business or occupation mainly by my personal efforts as my means of livelihood and do not sell intoxicating liquors or malts and vinous beverages (F.S. 205.171 - Honorable Discharge Certificate and Government produced Certificate of Disability or Physician's Certificate of Disability from performing manual labor required).

_____ (\$50 Exemption) I am the unremarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor and I am a permanent resident of Duval County and an elector 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 (F.S. 205.171 - Honorable Discharge Certificate and Government produced Certificate of Disability or Physician's Certificate of Disability from performing manual labor and Marriage Certificate and Death Certificate required).

Applicant's Signature