

City of Melbourne



The Harbor City

Financial Services – Revenue Division

900 E. Strawbridge Avenue • Melbourne, FL 32901 • (321) 953-6278 • Fax (321) 953-6338

APPLICATION FOR BUSINESS TAX RECEIPT EXEMPTION

I, _____, am applying for monetary exemption from the City of Melbourne business tax receipt. I have attached all required documentation to support the exemption based upon the following:

(Initial Correct Category and Attach Copy of Valid Identification)

_____ Per Ch. 205.171 F.S., I am a disabled veteran and a permanent resident elector of the State of Florida. Attached is: (1) Certificate of honorable discharge and (2) Proof of government-rated disability to an extent of 10% or more. I understand I am entitled to an exemption up to \$50.00. Any remaining receipt tax shall be paid by me prior to the issuance of the business tax receipt.

_____ Per Ch. 205.171 F.S., I am an unremarried spouse of a deceased disabled veteran and a permanent resident elector of the State of Florida. Attached is: (1) Proof of government-rated disability to the extent of 10% or more for my deceased disabled spouse (2) Certificate of honorable discharge for my deceased disabled spouse (3) Copy of marriage license and copy of death certificate of my spouse, who was a disabled veteran. I understand I am entitled to an exemption up to \$50.00. Any remaining receipt tax shall be paid by me prior to the issuance of the business tax receipt.

_____ Per Ch. 205.162 F.S., I am over the age of 65. Attached is proof of age, in the form of (1) A copy of my valid Florida driver's license or (2) A copy of my Birth Certificate. I have no more than one (1) employee and have used only my own capital, not in excess of \$1000, to engage in the business.

_____ Per Ch. 205.162 F.S., I am physically incapable of manual labor. Attached is proof in the form of a Certificate of Physician, stating the nature and extent of my disability. I have no more than one (1) employee and have used only my own capital, not in excess of \$1000, to engage in the business.

_____ Per Ch. 205.162 F.S., I am a widow with minor dependent(s). Attached is proof in the form of (1) A copy of my marriage license, (2) A copy of my spouse's death certificate and (3) A copy of my dependent(s) birth certificate(s). I have no more than one (1) employee and have used only my own capital, not in excess of \$1000, to engage in the business.

This business tax receipt is not transferable. If at any time I no longer fully meet the above requirements the exemption will be void and I will become responsible for the full amount of the tax due.

Name of Business _____

Address of Business _____

I certify that the information on this application is true and correct to the best of my knowledge and belief.

Signature _____

Date _____

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public, State of Florida
My commission expires: _____