

City of Melbourne



Revenue Office

900 E. Strawbridge Avenue, Melbourne, FL 32901. Phone: 321-608-7038 Fax: 321-608-7199

REQUEST FOR BUSINESS TAX FEE EXEMPTION

I, _____ (print full legal name), 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. 205.055 F.S., I am a veteran of the United States Armed Forces who was honorably discharged or a spouse or unremarried surviving spouse of such a veteran and a permanent resident of the City of Melbourne. Attached is: (1) Certificate of honorable discharge or (2) Copy of marriage license, certificate of honorable discharge for my spouse or (3) Copy of marriage license, certificate of honorable discharge for my spouse and copy of death certificate of my spouse.

_____ Per Ch. 205.055 F.S., I am the spouse of an active duty military service member who has relocated to the City of Melbourne pursuant to a permanent change of station order. Attached is: (1) Copy of marriage license and change of station order.

_____ Per Ch. 205.055 F.S., I am receiving public assistance as defined in s.409.2554 or my household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines. Attached is: (1) copy of documentation of money assistance paid on the basis of Title IV-E and Title XIX of the Social Security Act, temporary cash assistance, or food assistance benefits received on behalf of a child under 18 years of age who has an absent parent.

_____ 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 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 certification from a physician, stating the nature and extent of my disability. I have no more than one 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 employee and have used only my own capital, not in excess of \$1000, to engage in the business.

This business tax fee exemption 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 Business Tax Receipt.

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: _____