



TOWN OF DAVIE
BUSINESS TAX RECEIPT

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1212 • WWW.DAVIE-FL.GOV

REQUEST FOR BUSINESS TAX FEE EXEMPTION

BUSINESS NAME: _____

CORPORATION NAME: _____

Check only one:

1. **Veteran with honorable discharge or the spouse or unremarried surviving spouse of such veteran** (Sec. 205.055, F.S.). Proof of eligibility may include the following (or equivalent): DD Form 214, Certificate of Release or Discharge from Active Duty; or Florida Driver's License with "Veteran" designation; or Veteran ID Card (VIC) or similar photo ID
2. **Spouse of an active duty military service member who has relocated to Broward County pursuant to a permanent change of station order** (Sec. 205.055, F.S.). Proof of eligibility may include a Permanent Change of Station Application or equivalent.
3. **Low income person** (Sec. 205.055, F. S.). Proof of eligibility is required to show the applicant receives "public assistance" as defined in Section 409.2554(12), F.S.
4. **Low income household** (Sec. 205.055, F. S.). Proof of eligibility is required to show that the household income of the applicant is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines <https://aspe.hhs.gov/poverty-guidelines> .
5. **Disabled persons physically incapable of manual labor, where business is self-financed and involves less than \$1,000 in capital, with no more than one employee or helper** (Sec. 205.162, F. S.). Requires letter or certificate of disability from physician.
6. **Widows with minor dependents, where business is self-financed and involves less than \$1,000 in capital, with no more than one employee or helper** (Sec. 205.162, F. S.).
7. **Persons over 65, where business is self-financed and involves less than \$1,000 in capital, with no more than one employee or helper** (Sec. 205.162, F. S.).

*Where a person qualifies for exemptions 1, 2 3 or 4 and owns a majority interest in a business with fewer than 100 employees, such business is exempt from payment of the business tax.

Under penalty of perjury, the undersigned attests that all of the foregoing information is true and correct.

PRINT NAME OF OWNER/OFFICER

SIGNATURE OF OWNER OFFICER