APPLICATION FOR BUSINESS TAX EXEMPTION

FOR

CERTAIN DISABLED PERSONS, WIDOWS WITH MINOR DEPENDENTS, PERSONS 65 YEARS OF AGE OR OLDER, WITH NOT MORE THAN ONE EMPLOYEE OR HELPER WHO USE THEIR OWN CAPITAL ONLY, NOT IN EXCESS OF $1,000.00 IN THE COUNTY WHERE THE APPLICANT LIVES.

Account# ☐

1. Applicant lives in Hillsborough County, Florida, the permanent address of applicant being

_____ _____

Street and Number City or Town

2. Applicant claims exemption from license tax for the privilege of engaging in the business or occupation of

_____ at _____ , Florida.

Application for the tax being attached hereto and the business fully described thereon.

3. Applicant is (make a selection below):

☐ A confirmed disabled person physically incapable of manual labor.

If Exemption is Claimed for the Foregoing Reason a Physician's Certificate is Furnished Hereon as a Part of This Application.

☐ Applicant is a widow with minor dependents, as follows:

Names	Ages	Names	Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

.

☐ Applicant is ____ years of age, having been born at _____

County of _____ State of _____

On the _____ day of _____ , _____ .

If exemption is claimed for either of last two reasons, a supporting certificate must be secured.

4. No capital other than that of applicant is used or to be used in the conduct of the said business or occupation and the amount of such capital does not exceed $1,000.00.

5. Not more than one employee or helper is employed in connection with said business or occupation I hereby certify that the above and foregoing answers and statements are true.

_____

Signature of Applicant

SECTION 12.01 Hillsborough County Business Tax Ordinance

TC-2-795

SUPPORTING CERTIFICATE

(To be signed by a reputable citizen of the County)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I,_____ , hereby certify that I am a citizen of the above county and have known the applicant _____for _____ years; that I have read the application and believe the replies made therein are true.

PHYSICIAN'S CERTIFICATE

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I, _____ , hereby certify that I am a licensed practicing physician, located at _____ , Florida, and that I am personally acquainted with _____ who is the applicant for exemption from payment of license tax under the provisions of Section 12.01, Hillsborough County Business Tax Ordinance, and that I have this day thoroughly examined the said applicant and found him/her to be physically disabled and unable to perform manual labor as a means of livelihood as stated in the application of which this certificate is a part, the nature and extent of the disability being as follows:

_____

_____

_____

_____
(Physician)

SECTION 12.01 HILLSBOROUGH COUNTY BUSINESS TAX ORDINANCE

SECTION 12.01, EXEMPTION ALLOWED CERTAIN DISABLED PERSONS, THE AGED, AND WIDOWS WITH MINOR DEPENDENTS, ETC. All confirmed disabled persons physically incapable of manual labor, widows with minor dependents and person sixty-five (65) years of age or older, with no more than one (1) employee or helper, and who use their own capital only, not in excess of $1,000.00, shall be allowed to engage in any business or occupation in Hillsborough County without being required to pay for a license. The exemption shall not apply to any of the occupations specified in Section 27.01 and 30.01. The exemption provided by this Section shall be allowed only upon the certificate of the county physician or other reputable physician, that the applicant claiming the exemption is disabled, the nature and extent of the disability being specified therein, and in case the exemption is claimed by a widow with minor dependants, or a person over sixty-five (65) years of age, proof of the right to the exemption shall be made. Any person entitled to the exemption provided by this Section shall, upon application and furnishing of the necessary proof as aforesaid, be issued a license which shall have plainly stamped or written across the face thereof the fact that it is issued under this Section, and the reason for the exemption shall be written thereon.