



**City of Parkland**  
**6600 University Dr.**  
**Parkland, FL 33067**  
**www.cityofparkland.org**

## **APPLICATION FOR HOME BUSINESS TAX RECEIPT EXEMPTION**

Applicant resides in Parkland, Florida, the permanent name and address of applicant is:

<b>PARKLAND FLORIDA</b>				
Name	Street Address	City	State	Zip Code

Applicant claims exemption from the business tax for the privilege of engaging in the business/occupation of: \_\_\_\_\_

located at: \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify that the business for which I am applying meets the Florida State Statute requirements for a business tax fee exemption in accordance with the item checked below, and I do hereby apply for the same.

**DISABLED PERSON:** I am a physically disabled person, incapable of manual labor, **AND** I do not have more than one employee **AND** I use my own capital only, which does not exceed one thousand dollars (\$1,000.00) (F.S. 205.162 - Physician Certificate of Disability from performing manual labor required.)

**AGE 65 OR OLDER:** I am sixty-five (65) years of age or older **AND** I do not have more than one (1) employee **AND** I use my own capital only, which does not exceed one thousand dollars (\$1,000.00) (F.S. 205.162 - Florida Drivers License OR other proof of age required.)

**WIDOW / WIDOWER:** I am a person who is a widow / widower with minor dependent(s) **AND** I do not have more than one employee **AND** I use my own capital only, which does not exceed one thousand dollars (\$1,000.00) (F.S. 205.162 - Proof of the right to the aforesaid required.)

**HONORABLY DISCHARGED VETERAN:** I am a Veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or unremarried surviving spouse of such a veteran (F.S. 205.055) **AND** I own a majority interest in a business with fewer than 100 employees.

**SPOUSE OF ACTIVE DUTY SERVICE MEMBER:** I am the spouse of an active duty military service member who has relocated to the county or municipality pursuant to a permanent change of station order (F.S. 205.055) **AND** I own a majority interest in a business with fewer than 100 employees.

**PUBLIC ASSISTANCE:** I am a person who is receiving public assistance as defined in F.S. 409.2554, (F.S. 205.055) **AND** I own a majority interest in a business with fewer than 100 employees.

**HOUSEHOLD INCOME BELOW FEDERAL POVERTY LEVEL:** I am a person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines, (F.S. 205.055) **AND** I own a majority interest in a business with fewer than 100 employees.

**I affirm that I am not engaged in the sale of intoxicating liquors or malt and vinous beverages.**  
**I declare under penalty of perjury that the foregoing is true and correct.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **PHYSICIAN'S CERTIFICATE**

I, \_\_\_\_\_, hereby certify that I am a licensed practicing physician, located at \_\_\_\_\_

and that I am personally acquainted with \_\_\_\_\_

who is the applicant for exemption from payment of the business tax under the provisions of Section 205.162, Florida Statutes, and that I have 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:

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Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_