



City of Parkland  
6600 University Dr.  
Parkland, FL 33067  
[www.cityofparkland.org](http://www.cityofparkland.org)

## APPLICATION FOR HOME BUSINESS TAX RECEIPT EXEMPTION

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

Name	Street Address	PARKLAND City	FLORIDA 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:

---

---

---

---

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

Date \_\_\_\_\_