



APPLICATION FOR BUSINESS TAX EXEMPTION: LOW-INCOME

City of St. Petersburg Use Only

CONTROL #: _____

I, _____ hereby certify that I qualify for the exemption from business taxes pursuant to Florida Statute §205.055 because (check all that apply):

I am a person who is receiving public assistance as defined by Florida Statute §409.2554. (e.g., Department of Children and Families)

I am a person whose household income is below 130% of the federal poverty level (Gross income from W-2) based on the current year's federal poverty guidelines. Include number of residents in household _____

I understand to receive the exemption I am required to provide written proof of qualification for the exemption for which I am applying.

NOTE: You will need to provide proof of your exemption qualification with our office each fiscal year at time of renewal.

Applicant's signature:	Date signed:
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Meeting these qualifications shall entitle the applicant to an exemption from business taxes for all businesses of **99 employees or less**, except those taxed by gross receipts or otherwise classified as "**merchants**" under City Code.

SUBMISSION OPTIONS

EMAIL TO: license@stpete.org

MAIL TO: City of St. Petersburg Business Tax Division
P.O. Box 2842
St. Petersburg, FL 33731

DELIVER TO: City of St. Petersburg Business Tax Division
One 4th St. N.
St. Petersburg, FL 33731



Business Tax Division
stpete.org/businessstax
license@stpete.org
One 4th St. N.
727-893-7241