



APPLICATION FOR BUSINESS TAX CERTIFICATE: 65+YRS/HANDICAPPED/LEGALLY BLIND

For physically handicapped, widows with minor dependents and persons 65 years of age or older, in the County where the applicant lives (Sec. 205 F.S.).

Control Number:
Name:
Date:

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

Applicant's Home Address:

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

Type of Business:
Applicant's Business Address:
Name of Organization:
Phone:

3. Applicant claims the exemption for the reason marked with an "X."

Exemption from the St. Petersburg Business Tax under Florida Statute §205 and Chapter 17, St. Petersburg City Code, is allowed only for the following reasons. Fill in all applicable blanks and check the appropriate category item (check one item only):

Applicant is a disabled person physically incapable of manual labor. *(If exemption is claimed for this reason, have your physician fill out and sign the physician certificate form on the reverse side)*

Applicant is a widow with minor dependents, as follows: *(If exemption is claimed for this reason, please include any and all supporting certificates)*

Name	Age	Name	Age

Applicant is a **person** (not a legal entity) 65 years of age or older, with not more than one employee or helper, and who use their own capital only, not more than \$1,000 in the County where the applicant lives. *(If exemption is claimed for this reason, please include any and all supporting certificates: i.e. Photo ID)*

Applicant is _____ years of age, having been born at _____ County of _____ State of _____ on the _____ day of _____.

I hereby certify that the above-listed person qualifies for a business tax exemption as indicated above.

"Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true."

Applicant's signature:	Date signed:
------------------------	--------------



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

APPLICATION FOR BUSINESS TAX CERTIFICATE: 65+YRS/HANDICAPPED/LEGALLY BLIND

PHYSICIAN'S CERTIFICATE

State of Florida

County of _____

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 business tax under the provisions of Florida Statutes §205, and that I have thoroughly examined the said applicant and found him or 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:

Print Name of Physician:	State License #:
Signature of Physician:	Date:

FLORIDA STATUTES §205 Exemption allowed certain disabled persons, the aged and widows with minor dependents.

- (1) All disabled persons physically incapable of manual labor, widows with minor dependents and persons 65 years of age or older, with not more than one employee or helper, and who use their own capital only, not more than \$1,000, may engage in any business or occupation in counties in which they live without being required to pay a business tax. 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 dependents, or a person over 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 receipt 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.
- (2) Neither this nor any other law exempts any person from the payment of any amount required by law for the issuance of a license to sell intoxicating liquors or malt and vinous beverages.

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