I, ______________________________________________________ hereby certify that I qualify for the exemption from business taxes pursuant to Fla. Stat. §205 because (check all that apply):

☐ I am a person who is receiving public assistance as defined by Fla. Stat. §409.2554.

☐ I am a person whose household income is below 130% of the federal poverty level based on the current year’s federal poverty guidelines.

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

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.

Signature of Applicant _____________________________ Date _____________________________