



BUSINESS SERVICES

REVENUE DIVISION

123 W. INDIANA AVE. • ROOM 103 • DELAND, FL 32720-4602

PHONE: 386-736-5938 • FAX: 386-822-5729

www.volusia.org/revenue

I certify that the business known as (*business name*) _____,
providing _____ services, which is located at (*street address*) _____
_____, (*city*) _____, falls under the business tax exemption described in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Florida Statute 205. 063 | <input type="checkbox"/> Florida Statute 205. 065 | <input type="checkbox"/> Florida Statute 205. 191 |
| <input type="checkbox"/> Florida Statute 205. 064 | <input type="checkbox"/> Florida Statute 205. 162 | <input type="checkbox"/> Florida Statute 205. 192 |
| | <input type="checkbox"/> Florida Statute 205. 171 | |

www.volusia.org/revenue/local-business-tax/business-tax-frequently-asked-questions.stml

OR is the type of business indicated below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Child Care – Residential | <input type="checkbox"/> Insurance Adjuster, Agent,
or Company | <input type="checkbox"/> Radio/Television Station |
| <input type="checkbox"/> Commercial Rentals | <input type="checkbox"/> Pharmacist/Pharmacy
(<i>Prescription Drugs Only</i>) | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Door to Door/Peddler Sales | | <input type="checkbox"/> Residential Rentals over 6 months |
| | | <input type="checkbox"/> Sale of Alcoholic Products only |

(Authorized Signature)

(Printed Name)

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by
_____, who is/are personally known to me **or**
who has/have produced _____ as identification.

NOTARY PUBLIC – STATE OF _____
Type or print name:

Commission No.: _____
Commission Expires: _____

(Seal)

A business that falls under one of the exempt classifications listed above is not required to have a Volusia County Business Tax Receipt.

Revenue Director/Designee