



Application for Volusia County Business Tax Fee Exemption

Name of Business: _____

Owners Name: _____

Permanent Address of Owner: _____

Business Address if different: _____

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 checked item below, and I do hereby apply for the same.

- Honorably Discharged Veteran, or the unremarried spouse of such a veteran. (F.S. 205.055)**
- 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)**
- A person who is receiving public assistance as defined in s. 409.2554. (F.S. 205.055)**
- 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)**
- A disabled person who is physically incapable of manual labor, with no more than one employee, who uses their own capital only, not in excess of one thousand dollars (\$1000). (requires physicians certificate)(F.S. 205.162)**
- A widow with minor dependent, with no more than one employee, who uses their own capital only, not in excess of one thousand dollars (\$1000). (F.S. 205.162)**
- A person 65 years of age or older, with no more than one employee, who uses their own capital only, not in excess of one thousand dollars (\$1000). (F.S. 205.162)**

I Declare under penalty of perjury that the foregoing is true and correct.

Signature

Date