



Agent's Initials: \_\_\_\_\_

## Scott Lunsford Escambia County Tax Collector

### Business Tax Receipt Exemption Affidavit

Company / Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### Exemption:

Veteran of the United States Armed Forces (provide DD-214 showing honorable discharge, DD-2, or proof from Department of Veteran's Affairs)

Spouse of an active duty service member (provide copy of orders)

Receiving public assistance as defined in F.S. 409.2554 (provide Florida Access card with expiration date or current benefit award letter from Florida Department of Children and Families)

Household income below 130% of this year's Federal poverty level (provide current year's tax return)

65 years or older, less than \$1,000 invested in the business, and **no more than one other employee** (provide proof of age)

Disability, less than \$1,000 invested in the business, and **no more than one other employee** (provide proof of permanent disability of at least 10%)

Widow(er) with minor dependent(s), less than \$1,000 invested in the business, and **no more than one other employee** (provide death certificate)

**The applicant must own a majority of the business and have fewer than 100 employees (except disability and 65 years or older - see above).**

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

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Printed Name