



**TOWN OF LONGBOAT KEY**  
 Town Clerk's Office  
 501 Bay Isles Road  
 Longboat Key, FL 34228  
 Phone: 941-316-1999 FAX: 941-316-1656

**LOCAL BUSINESS TAX RECEIPT  
 EXEMPTION AFFIDAVIT**

<b>BTR Number:</b>	
<b>Name of Business:</b>	
<b>Name of Owner:</b>	
<b>Business Address:</b>	

I, \_\_\_\_\_, DO HEREBY CERTIFY THE LOCAL BUSINESS TAX RECEIPT FOR WHICH I AM APPLYING MEETS THE FLORIDA STATE STATUTES REQUIREMENTS FOR A LOCAL BUSINESS TAX RECEIPT FEE EXEMPTION IN ACCORDANCE WITH THE ITEM CHECKED BELOW AND I DO HEREBY APPLY FOR THE SAME. I UNDERSTAND THAT FRAUDULENT CLAIMS WILL RESULT IN PROSECUTION.

\_\_\_\_\_ I am a physically disabled person incapable of manual labor AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Physician Certificate of Disability from performing manual labor required.)

\_\_\_\_\_ I am a widow(er) with dependent children AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.163 – Marriage Certificate AND Death Certificate AND Children's Birth Certificate(s) required.)

\_\_\_\_\_ I am sixty five years of age or older AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Florida Drivers License OR other proof of age required.)

\_\_\_\_\_ I am an honorably discharged wartime veteran AND I am disabled from performing manual labor AND I am a permanent resident of Longboat Key, Florida, AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.171 – Honorable Discharge Certificate AND Government-produced Certificate of Disability OR Physician Certificate of Disability from performing manual labor required.) NOTE: Exemption from first \$50.00 or license tax.

\_\_\_\_\_ I am the unmarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor AND I am a permanent resident of the State of Florida, AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.171- Honorable Discharge Certificate AND Government-produced Certificate of Disability OR Physician Certificate of Disability from performing manual labor AND Marriage Certificate AND Death Certificate required.)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTARY of the State of Florida**, County of \_\_\_\_\_. The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 (Signature of Notary)

SEAL/STAMP: