

**Request for Business Tax Exemption
Pursuant to Section 205.055, Florida Statutes
City of Safety Harbor, Florida**

Information for Individual (required)

Applicant Name: _____

Address: _____

Telephone Number: _____ Email: _____

Information for Business (if applicable)

Business Name: _____

Type of Entity: _____

State of Incorporation: _____

Business Physical Address: _____

Telephone Number: _____ Email: _____

Business Mailing Address: _____

I, _____, do hereby certify that myself and the business for which I am applying for (if applicable) meet the requirements of Section 205.055, Florida Statutes for a business tax fee exemption in accordance with the exemption checked below:

_____ I am a veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or unremarried widow of such a veteran. (*Written documentation required*).

_____ I am the spouse of an active duty military service-member who has relocated to the City of Safety Harbor pursuant to a permanent change of station order. (*Written documentation required*).

_____ I am a person who is receiving public assistance as defined in F.S. 409.2554. (*Written documentation required*).

_____ I am a person whose household income is below 130 percent of the federal poverty level based on the current year's poverty guidelines. (*Written documentation required*).

_____ **AND** if this request for a business tax exemption is made for or on behalf of a business as identified above, I own a majority interest in the business identified above and such business has fewer than 100 employees. (*Written documentation required*). **(REQUIRED IF REQUEST IS FOR BUSINESS.)**

I hereby certify and declare under penalty of perjury that all of the information provided in this request, and any written documentation provided to the City of Safety Harbor, is true and correct and will remain true and correct for as long as I am receiving the business tax exemption. If at any time, the information in this request becomes inaccurate, inapplicable, or is no longer true, I will immediately notify the City of Safety Harbor.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

State of Florida
County of Pinellas

Sworn to (or affirmed) and subscribed before me this ___ of _____, 20__
by _____ who is personally known OR produced
_____ as identification.

Notary Signature _____
Notary Stamp: