

City Hall
400 NW 73 Ave Plantation, FL 33317



City of Plantation
Local Business Tax Desk
954-797-2239

Development Services
401 NW 70 Ter Plantation, FL 33317

Exempt Status
Application

I attest that the business for which I am applying meets the Florida State Statute requirements for a business tax fee exemption in accordance with the item checked below, and I do hereby apply for the same:

- I am a physically disabled person, incapable of manual labor, AND I do not have more than one 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 required.)
- I am sixty-five (65) years of age or older AND I do not have more than one 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 Driver’s License or other government issued identification required.)
- I am a widow with minor dependents AND I do not have more than one 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 – legal proof required.)
- I am an honorably discharged veteran of the United States Armed Forces. (F.S. 205.055 – Honorable Discharge Certificate required.)
- I am the spouse of an active duty servicemember of the United States Armed Forces who is stationed in Broward County, Florida. (F.S. 205.055 – Military Dependent Identification required.)
- I am the spouse or unremarried surviving spouse of an honorably discharged veteran of the United States Armed Forces. (F.S. 205.055 – Honorable Discharge Certificate AND Marriage Certificate required.)
- I am 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 – proof required.)
- I am a person who is receiving public assistance as defined in F.S. 409.2554. (F.S. 205.055 – proof required.)

Applicant’s Signature

Business Name

Printed Name

Date

State of _____
County of _____

NOTARY STATEMENT

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____, an individual or as _____ on behalf of _____ a corporation, limited liability company, or partnership formed in _____, who is personally known to me or has produced a _____ as identification.

Signature of Notary Public

Seal