

CITY OF WINTER SPRINGS, FLORIDA

1126 EAST STATE ROAD 434 WINTER SPRINGS, FL 32708-2799

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BUSINESS TAX RECEIPT EXEMPTION FORM

	205.171 provide certain exemptions from the Business Tax Receipt fee. Please check all required documents, and submit this form along with the City of Winter x Receipt Application.
	disabled persons, the aged, and widows with minor dependents. ble of manual labor, widows with minor dependents, and persons 65 years of age or
	than one employee or helper, and
	own capital only, not in excess of \$1000.00, s or occupation in cities/counties in which they live without being required to pay a
applicant claiming the exemption is dis	n shall be allowed only upon the certification of a reputable physician, stating that the abled, along with nature and extent of the disability. In the case the exemption is lents or a person 65 years of age or older, proof of the right to the exemption must be
Any permanent resident of Florida, wh Guard Reserve during any of the perion manual labor shall be entitled to an ex	or disabled veterans or their unmarried spouses. It is served in the United States Armed Forces, National Guard, Coast Guard or Coast discipled in S. 1.10 (14), who was honorably discharged from performing any temption up to \$50.00 on any Business Tax Receipt to engage in any business or ness tax exceeds \$50 the remainder of the tax will be paid in cash by the applicant. orable discharge is required.
The unmarried spouse of a deceased entitled to the same exemptions as the	disabled veteran of any war in which the United States Armed Forces participated is disabled veteran.
A Business Tax Receipt is not require the organization makes occasional sa	able, etc., organizations; occasional sales, fundraising. If of any charitable, religious, fraternal, youth, civic, service, or such organization when es or engages in fundraising projects that are performed exclusively by the members, vities are used exclusively in the charitable, religious, fraternal, youth, civic, and services.
	Signature of Applicant
	Printed Name of Applicant

Date