

WEST PALM BEACH LOCAL BUSINESS TAX REQUEST FOR FEE EXEMPTION

First time applicants are required to complete the Business Tax Application in addition to this form.

In order to receive the exemption, an individual must complete and sign, under the penalty of perjury, a Request for Fee Exemption, furnished by the local governing authority and provide written documentation in support of the request for exemption.

Reason for Filing (check one):

- Honorably discharged veteran and their spouses
- Un-remarried surviving spouse of honorably discharged veteran
- Spouse of certain active duty military service member who relocated to the city pursuant to a permanent change of station order
- Disabled person
- Widow with minor dependent(s)
- Person 65 years of age or older, with no more than one employee or helper, and who use their own capital only, not in excess of \$1,000
- Low income individuals receiving public assistance
- Low income individuals with a household income less than 130 percent of the federal poverty level based on the current year's federal poverty guidelines
- 501c(3)

Mail Exemption Request To:

City of West Palm Beach
**Attn: Business Tax
Department**
401 Clematis Street
**West Palm Beach, FL
33401**

Business Name/Organization/Entity: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Local Business Tax Receipt # (if applicable): _____

Contact Person: _____ Title/Relationship: _____

Phone: _____ Email: _____

I hereby attest that I am authorized to sign on behalf of the applicant/organization or entity described above. I further attest that if granted, this exemption will only be used in the manner authorized under the provisions of Chapter 205 of the Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated and attached herein are true.

Print Name

Title/Relationship

Signature

Date