



City of Pompano Beach
 Department of Development Services
 Business Tax Receipt Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4668 / 954.786.4633 **Fax:** 954.786.4666

Application for Exemption

NAME OF APPLICANT: _____ DATE: _____

ADDRESS: _____ PHONE: _____

APPLICATION FOR EXEMPTION UNDER SEC. 205.171 MUST HAVE THE FOLLOWING QUALIFICATION:

- 1. Disabled (attach government rated disability of 10% or more) Yes _____ No _____
- 2. Honorably discharged from the service of the United States. Yes _____ No _____
- 3. Business or occupation must be carried on mainly through own efforts. Yes _____ No _____
- 4. Must be a permanent resident elector of the state of Florida. Yes _____ No _____
- 5. Has this exemption been taken out in any other city? Yes _____ No _____
- 6. Served on active duty during any war, armed conflict of crisis. Yes _____ No _____

AFFIDAVIT

IT IS HEREBY AGREED THAT THE ABOVE IS THE TRUTH TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE OF PERSON MAKING REQUEST

ATTESTED TO BEFORE ME AT POMPANO BEACH, BROWARD COUNTY, STATE OF FLORIDA.
 THIS _____ DAY OF _____ 20 _____.

NOTARY PUBLIC
 SEAL OF OFFICE

 NOTARY PUBLIC, STATE OF FLORIDA

(Print Name of Notary Public)
 _____ Personally Known
 _____ Produced Identification
 Type of identification produced:

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)			
Reviewed by:	Approved:	Date:	Process Number:
	Denied:		
Comments:			