



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

**Fee Exemption Application**

APPLICATION FOR WAIVER OF BUSINESS TAX RECEIPT FEE FOR PHYSICALLY DISABLED, WIDOWS WITH MINOR DEPENDENTS, PERSONS 65 YEARS OF AGE OR OLDER, CHARITABLE, RELIGIOUS, FRATERNAL, YOUTH, CIVIC, AND NOT FOR PROFIT GROUPS.

Date: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

Age \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicants for exemption under city ordinance 113.28 of Pompano Beach must complete the following.

- |  |               |
|--|---------------|
| 1. Physically disabled (Physician's Certificate)   | Yes___ No ___ |
| 2. Widows with minor dependents.   | Yes___ No ___ |
| 3. Persons 65 Years of age or older, <b>with not more than one employee or helper and who use their own capital only (not in excess of \$1,000.00)</b> | Yes___ No ___ |
| 4. Not for profit group. (Proof of non-profit status required)   | Yes___ No ___ |

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

\_\_\_\_\_  
 SIGNATURE OF PERSON MAKING REQUEST

SWORN TO AND SUBSCRIBED before me this  
 \_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, in Pompano Beach, Broward County, Florida.

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:			