

City of Pompano Beach

Department of Development Services Business Tax Receipt Division

100 W. Atlantic Blvd Pompano Beach, FL 33060

Fee Exemption Application

Modified: 10.22.2019

Phone: 954.786.4668 / 954.786.4633 **Fax:** 954.786.4666

| Applicants for exemption under city ordinance 113.28 of Pompano Beach &/or 205.055 of the Florida Statutes must | | | | | | |
|---|---|--|-------|-----------------|-----------------------|--|
| | plete the following & provide w | | | | | |
| 1. | | tes Armed Forces who was honorably discharged upon separation from | | | | |
| | service, or the spouse or unremarried surviving spouse of such a veteran. | | | | | |
| 2. | 2. The spouse of an active duty military servicemember who has relocated to the county or municipality | | | | | |
| | pursuant to a permanent change of station order. | | | | | |
| 3. | A person who is receiving public assistance as defined in s. 409.2554. | | | | | |
| 4. | A person whose household income is below 130 percent of the federal poverty level based on the | | | | | |
| <u> </u> | current year's federal poverty guidelines. | | | | | |
| 5. | 5. Physically disabled (Physician's Certificate) | | | | | |
| 6. | 6. Widows with minor dependents. | | | | | |
| 7. | 7. Persons 65 Years of age or older, with not more than one employee or helper and who use their own capital only (not in excess of \$1,000.00) | | | | | |
| 8. | 8. Not for profit group. (Proof of non-profit status required) | | | | | |
| 0. | o. Not for profit group. (1 foor of non-profit status required) | | | | | |
| Name of Applicant | | | | Date: | | |
| | | | | | | |
| Home Address | | | | | | |
| | | | - | | | |
| Pho | ne | Date of Birt | th | Age | | |
| IT IS HEREBY AGREED THAT THE ABOVE IS THE TRUTH TO THE BEST OF MY KNOWLEDGE. | | | | | | |
| | | | | SIGNATURE OF PI | EDSON MAKING REOLIEST | |
| SW | SIGNATURE OF PERSON MAKING REQUEST SWORN TO AND SUBSCRIBED before me this day of,, | | | | | |
| | ompano Beach, Broward County | | ay 01 | | | |
| | • | / Flutiua. | | | | |
| Notary Public ———————————————————————————————————— | | | | | | |
| Seal of Office Notary Public, State of Florida | | | | | | |
| | Personally Known Produced Identification | | | | | |
| | Type of Identification Produced: | | | | | |
| | | | | | | |
| FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE) | | | | | | |
| Revie | ewed by: | Approved: | Date: | | Process Number: | |
| | | Denied: | | | | |
| Comments: | | | | | | |
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