City of **Punta Gorda,** Florida

LOCAL BUSINESS TAX
AFFIDAVIT AFFIRMING FEE EXEMPT STATUS

MY BUSINESS FALLS WITHIN ONE OF THE FOLLOWING CATEGORIES: (check one)

- ☐ Seller of farm products where grown
- ☐ Non-resident person regulated by the Department of Business and Professional Regulation
- ☐ Disabled person physically incapable of manual labor, widows with minor dependents and persons over the age of 65 with not more than one employee and using less than $1,000 of his or her own capital ***if a resident of Charlotte County***
- ☐ Disabled Veterans of any war or disabled Veteran's widow whom did not remarry
- ☐ Charitable, religious, fraternal, youth, civic, service or other similar organization making occasional sales or engaging in fundraising projects performed by the members and the proceeds derived are used exclusively by the organization

_____

APPLICANT NAME PHONE NUMBER

_____

HOME ADDRESS

_____

BUSINESS OR TRADE NAME LOCATION

_____

NATURE OF BUSINESS

AFFIDAVIT

I affirm, under oath, that I and/or my business fall within the fee exempt status as stated above. I further acknowledge that the issuance of this Tax Receipt or acceptance by applicant or agent thereof, in no way confers any right to violate any State, County, or Municipal law.

I have read and understand the contents of the affidavit and declare that all statements herein are true and correct under penalty of law.

_____	_____	_____
Printed name of Applicant	Signature of Applicant	Date

State of Florida
County of _____

( ) Personally Known
( ) ID Shown _____

Sworn & subscribed before me this

____ day of _____, 2010

_____ Notary Public

_____ Print/Type Notary

_____ Commission Expires

Revised August 27, 2010