



DATE: _____

NAME OF APPLICANT: _____

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 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:

APPROVED _____ DENIED _____ DATE _____ BY _____