



CITY OF POMPANO BEACH
BUSINESS TAX RECEIPT OFFICE



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 ORD. 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, **WITH NOT MORE THAN ONE**
EMPLOYEE OR HELPER AND WHO USE THEIR OWN CAPITAL ONLY
(NOT IN EXCESS OF \$1000.00) 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____, AT POMPANO BEACH, BROWARD COUNTY, FLORIDA.

NOTARY PUBLIC
SEAL OF OFFICE

NOTARY PUBLIC, STATE OF FLORIDA
___ PERSONALLY KNOWN
___ PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED:

TYPE OF IDENTIFICATION

APPROVED _____ DENIED _____ BY _____ DATE _____