

City of Cape Coral - Local Business Tax Receipts – Exemption Form

Governed by Florida Statutes Chapter 205

A "Yes" or "No" response is required. Please note that if "No" is selected, fees will be billed based on the Industry Classification of your business. If there are any exemptions declared after receipt of payment, the exemption will be applied toward the next annual billing cycle.

Do any of the exemptions below apply?

☐ YES ☐ NO

Check all that apply:

[Florida Statutes Chapter 205 – Local Business Taxes](#)

- ☐ I attest that I do not sell intoxicating liquors or malt and vinous beverages and the business for which I am applying meets the Florida State Statute requirements for a business tax fee exemption in accordance with the item checked below, and I do hereby apply for the same.
- ☐ I am a **veteran of the United States Armed Forces who was honorably discharged upon separation from service OR the spouse or unremarried surviving spouse of such a veteran.** (Section 205.055 (1)(a), Florida Statutes) — Copy of DD-214 and/or Letter from Department of Veterans Affairs required OR Honorable Discharge Certificate OR Death Certificate required.
- ☐ I am **the spouse of an active duty military servicemember who has relocated to Cape Coral pursuant to a permanent change of station order.** (Section 205.055 (1)(b), Florida Statutes) — Proof of Spouse's Active Duty and/or Permanent Change of Station Order required.
- ☐ I am **receiving public assistance as defined in s. 409.2554.** (Section 205.055(1)(c), Florida Statutes) — Proof of public assistance benefits required.
- ☐ I am **a person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guideline.** (Section 205.055(1)(d), Florida Statutes) — Most current Income Tax Return required.
- ☐ I am an **exempt individual from the list above who owns a majority interest in a business with fewer than 100 employees, the business is exempt.** (Section 205.055(3), Florida Statutes) — Proof of Business Ownership and number of employees letter required.
- ☐ I am a **person engaged in the selling of farm, aquacultural, grove, horticultural, floricultural, tropical piscicultural, or tropical fish farm products; certain exemptions.** (Section 205.064, Florida Statutes) — Proof of exemption under stated Florida Statutes required.
- ☐ I am a **nonresident person engaged in or managing a business, profession, or occupation regulated by the Department of Business and Professional Regulation (DBPR) AND I have paid a business tax for the current year to the county or municipality in the state where my business is permanently located or branch office is maintained.** (Section 205.065, Florida Statutes) — Proof of current year Business Tax Receipt from the county or municipality in the state where the business is permanently located is required.
- ☐ I am a **disabled person AND with no more than one employee or helper AND who uses my own capital only, not excess of one thousand dollars (\$1,000).** (Section 205.162, Florida Statutes) — Physician Certificate of Disability including nature and extent of disability required.
- ☐ I am **sixty-five (65) years of age or older AND with no more than one employee or helper, AND who uses their own capital only, not excess of one thousand dollars (\$1,000).** (Section 205.162, Florida Statutes) — Driver's License or other proof of age required.
- ☐ I am a **widow with minor dependents AND with no more than one employee or helper, AND who uses their own capital only, not excess of one thousand dollars (\$1,000).** (Section 205.162, Florida Statutes) — Widow's spouse Death Certificate required.
- ☐ **Religious tenets** — This chapter does not require a business tax receipt for practicing the religious tenets of any church. (Section 205.191, Florida Statutes)
- ☐ **Charitable, religious, fraternal, youth, civic, service or other similar organization that makes occasional sales or engages in fundraising projects** that are performed exclusively by the members, and the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization. (Section 205.192, Florida Statutes) — Proof of 501(c)3 federal organization document or IRS Determination Letter required.

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“UNDER THE PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FORGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.”

Acknowledge by Printing Name

Acknowledge by Signing

Date

State of Florida

County of Lee

SWORN AND SUBSCRIBED before me by means of ____ physical presence or ____ online notarization on this _____.

☐ PERSONALLY, KNOWN TO ME

☐ PRODUCED AS IDENTIFICATION

Type of Identification

Notary Signature

Name of Notary (Typed, printed, stamped)