



**APPLICATION
Commercial Business
Tax Receipt

REQUEST FOR
EXEMPTION**

**Waterfronts & Community Services
Department**
123 North West Highway 19
Crystal River, FL 34428
352-795-4216 Ext. 342
Fax: 352-795-6245
www.crytalriverfl.org

EXEMPTIONS – If you are requesting an exemption for one of the following you will be asked to provide proof, i.e. Driver’s License to prove age, Military Discharge Documents for VA Exemption, proof of Disability from the State or Federal Agency and Proof of Charity or Non-Profit Org. i.e. 501 C (3) with either your name or business name on it.

Applicant resides within the City of Crystal River city limits, the permanent address of applicant is:

STREET CITY ZIP CODE

Applicant claims exemption from the business tax for the privilege of engaging in the business/ occupation of:

Located at: _____

I, _____ do hereby certify that the business for which I am applying meets the Florida State Statute requirements for a business tax receipt fee exemption in accordance with the item checked below, and I do hereby apply for the same.

_____ I am physically disabled person, incapable of manual labor, AND I do not have more than one employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 – Physician Certificate of Disability from performing manual labor require – See Attached Form.)

_____ I am sixty-five (65) years of age or older AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 162 – Florida Driver’s License OR other proof of age required.)

_____ I am an honorably discharged wartime veteran AND I am disabled from performing manual labor AND I am a permanent resident of the City of Crystal River, Florida AND I carry on my business or occupation mainly by my personal efforts as my means of livelihood AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.171 – Honorable Discharge Certificate AND Government produced Certificate of Disability OR Physical Certificate of Disability from performing manual labor required.)

_____ I am the un-remarried spouse of an honorably discharged wartime veteran who was disabled from performing manual labor AND I am a permanent resident of the City of Crystal River, Florida AND I carry on my business or occupation manly by my personal efforts as my means of livelihood AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.171 – Honorable Discharge Certificate AND Government produced Certificate of Disability OR Physical Certificate of Disability from performing manual labor AND Marriage Certificate AND Death Certificate required.)

Veterans Exemption ___ Disability Exemption ___ Age Exemption ___ Charity/Non-Profit Org. _____

Remember, you can find information at:

www.crystalriverfl.org (Dept. of Agriculture) 1-800-HELP-FLA (in Florida)

*www.municode.com Florida Department of Business & Professional
Regulation (DBPR)*

SIGNAGE:

The City of Crystal River sign code can be found at www.municode.com/CrystalRiver/AppendixA/Chapter12

If you intend to provide signage for your business it is important that you apply for a sign permit. Applications can be found online at www.crystalriverfl.org or you can email JGorman@crystalriverfl.org for assistance. If your business is within the CRA District please be sure to ask about grants!

ZONING CODE:

The City's land use and zoning maps can be found online. If you need assistance please contact the Office of Planning and Community Development for an appointment or email JGorman@crystalriverfl.org.

I hereby declare that the preceding statements are true and correct to the best of my knowledge and belief. I understand that violations of any Federal, State, or Local Ordinance are grounds for the City of Crystal River to void the Receipt. By my signature, I acknowledge that I have been made aware that the issuance of a Business Tax Receipt does not constitute the only authorization required to conduct business in the City of Crystal River.

Owner/Applicant Signature: _____

Print Name: _____

If Applicable -

2nd Owner Signature: _____

Print Name: _____

PHYSICIAN'S CERTIFICATE

STATE OF FLORIDA

COUNTY OF _____,

I, _____, hereby certify that I am a licensed practicing physician, located at _____

And that I am personally acquainted with _____

Who is the applicant for exemption from payment of the Business Tax under the provisions of Section 205.162, Florida Statutes, and that I have thoroughly examined the said applicant and found him/her to be physically disabled and unable to perform manual labor as a means of livelihood as stated in the application of which this certificate is a part, the nature and extent of the disability being as follows:

Physician

Date