



CITY OF FORT WALTON BEACH

Growth Management Department

Building • Planning • Code Enforcement
105 Miracle Strip Pkwy SW. • Fort Walton Beach, FL 32548
850.833.9605 / 9927 • www.fwb.org

REQUEST FOR BUSINESS TAX RECEIPT FEE EXEMPTION

NAME OF BUSINESS:	
NAME OF OWNER:	
ADDRESS OF BUSINESS:	

Under penalty of perjury, I, _____ hereby claim that the local business tax receipt (BTR) for which I am applying meets the Florida State Statute requirements for a fee exemption in accordance with the item(s) checked below and I do hereby apply for the same.

<input type="checkbox"/>	A veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or remarried surviving spouse of such a veteran. <i>FS 205.055(1)(a)</i>
<input type="checkbox"/>	The spouse of an active duty military servicemember who has relocated to the county or municipality pursuant to a permanent change of station order. <i>FS 205.055(1)(b)</i>
<input type="checkbox"/>	A person who is receiving public assistance as defined in s. 409.2554. <i>FS 205.055(1)(c)</i>
<input type="checkbox"/>	A person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines. <i>FS 205.055(1)(d)</i>
<input type="checkbox"/>	A person who is exempt under subsection (1) and owns a majority interest in a business with fewer than 100 employees. <i>FS 205.055(3)</i>

Per F.S. 205.055(2), a person must complete and sign, under penalty of perjury, a Request for Fee Exemption to be furnished by the local governing authority and provide written documentation in support of his or her request for an exemption under subsection (1).

Signature of Applicant

Date

Please include copies of all required documents with this request form.