

**PALM BEACH COUNTY ORDINANCE 72-7**  
**APPLICATION FOR BUSINESS TAX EXEMPTION FOR**  
**DISABLED WAR VETERANS**

I, \_\_\_\_\_, hereby certify that:

1. I am a bona fide permanent resident elector of \_\_\_\_\_ County, Florida and that I am the person named in the registration certificate hereto.
2. That I served as an officer or enlisted man in the United States Air Force, Army, Navy, Marines or Coast Guard, or any reserve component of them, and have actually been or may hereafter be assigned to active duty, during and war, declared or undeclared, armed conflicts, crises, etc, since the Spanish American War, beginning April 21, 1896, and was honorably discharged from the Service of the United States.
3. That I am disabled from performing manual labor, as will appear from one or more of the following:
  - (a) The certificate of Government rated disability to an extent of ten percent or more attached hereto.
  - (b) The certificate of a reputable physician who personally knows the applicant and who certifies that the applicant is disabled from performing manual labor as a means of livelihood which certificate is on and made as a part of this application.
  - (c) The certificate of any post of Spanish-American War Veterans or World Wars Veterans duly executed under the hand and seal of the chief officer and secretary thereof, attesting the fact that the applicant is disabled and entitled to receive a receipt within the meaning and intent of Section 205.171 Florida Statutes, which certificate is on and made as a part of the application.
  - (d) The pension certificate issued to him by the United States of America by reason of such disability.
  - (e) Such other reasonable proof as may be required by the Tax Collecting authority to establish that he is so disabled.
4. That I claim exemption from the payment of 205.171, Florida Statutes.
5. That the business or occupation for which I desire a receipt is fully described on the attached application form and that such business or occupation is carried on mainly through my personal efforts as a means of livelihood.
6. That I have not been allowed exemption on any other receipt for the current receipt year, and have not made application for exemption on any other receipt for the current receipt year from any Tax Collecting Authority of the State of Florida or any County thereof, except as follows:  
(Describe fully, giving complete information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. That if the Business Tax Receipt is to be issued by the Tax Collector of a County other than the County of which I am a bona fide resident citizen elector, a certificate from the Tax Collector of my home County to the effect that no exemption from a receipt has been granted to me in my home County appears on and as a part of this application.

\_\_\_\_\_  
**Signature of Applicant**

Section 205.171 Florida Statutes.

SUB-SECTION (1.) No tax return or application for tax exemption, receipt, or permit or any kind or nature that may be required by law need be made under oath.

SUB-SECTION (2.) Whoever makes or subscribes a tax return or application for tax exemption, receipt, or permit, knowing or having reason to know that same is false as to any material matter therein, shall be guilty of a misdemeanor, and upon conviction shall be punished as provided by law.

**PHYSICIAN'S CERTIFICATE**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am a licensed practicing physician located at \_\_\_\_\_, Florida, and that I am personally acquainted with \_\_\_\_\_ who is applying for a Business Tax Receipt to operate a \_\_\_\_\_ and who is asking for exemption  
(kind of business)  
from the payment of business tax as a disabled War Veteran under the provisions of Section 205.171 Florida Statutes, and that I have this day thoroughly examined the said applicant and found him unable to perform manual labor as a means of livelihood for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Practicing Physician

**CERTIFICATE OF WAR VETERAN'S CAMP OR POST**

We, the undersigned officers of \_\_\_\_\_ Post or Camp No. \_\_\_\_\_ hereby certify that \_\_\_\_\_ Serial No. \_\_\_\_\_ is an honorably discharged veteran of the World War Number One or Spanish-American War of World War Number Two is entitled to the exemption provided for under Section 205.171 Florida Statutes, by reason of

\_\_\_\_\_  
\_\_\_\_\_

and that the statements made by him in the application of which this certificate is a part are correct.

Duly executed at \_\_\_\_\_ County of \_\_\_\_\_, State of Florida, under our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

(Secretary) \_\_\_\_\_ (Chief Officer) \_\_\_\_\_  
Title \_\_\_\_\_ Title \_\_\_\_\_

**CERTIFICATE OF TAX COLLECTOR**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Tax Collector of Said County, hereby certify that no exemption from or on a Business Tax Receipt has been granted in the County to \_\_\_\_\_ the person named in the application of which this certificate is a part. In witness hereof I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Tax Collector