

Local Business Tax Request for Fee Exemption

Under penalty of perjury, I,	hereby claim I am entitled to an
exemption from the city of Apalachicola Local Busine	ss Tax requirement for the business known as
	, due to meeting the provision(s) of F.S.
205.055 Indicated below:	
 separation from service, or the spouse or un- FS 205.055(1)(b)-The spouse of an active-du county or municipality pursuant to a permar FS 205.055(1)(c) -A person who Is receiving p FS 205.0S5(1)(d) -A person whose household level based on the current year's federal pover 	oublic assistance as defined in s.s. 409.2554.37 d Income Is below 130 percent of the federal poverty
	, under penalty of perjury, a Request for Fee Exemption provide written documentation In support of his or her ase attach any such documentation to this form.
	Date:
Signature of Applicant	
DO NOT WRITE	BELOW THIS LINE
State of FLORIDA County of FRANKLIN	
The foregoing Local Business Request for Tax Exemp	otion was acknowledged this day of,who personally
acknowledged that he/she signed the Instrument volu	
Personally known Produced Identification: Type of Identific	cation:
Signature of Notary Public, State of Florida Print,	Type or Stamp Commissioned Name of Notary Public

City of Apalachicola 1 Bay Ave. Apalachicola, FL 32320 850-653-9319