

Okaloosa County Tax Collector



Business Tax Receipt Exemption Form

COMPANY INFORMATION	
Company/Individual Name:	
Address:	
Telephone Number:	
Email:	
Date Business Started:	
Account Number:	

Exemptions (Check appropriate box) (Person applying for the exemption must be the majority owner)		
<input type="checkbox"/>	Spouse of Active Duty Military Member	Provide copy of Orders
<input type="checkbox"/>	Veteran of United States Military	Provide copy of DD214 or Health ID Card
<input type="checkbox"/>	Spouse or Unremarried Surviving Spouse of Veteran	Provide copy of DD214 or Health ID Card of Veteran
<input type="checkbox"/>	Agriculture/Horticulture	You must grow the product you're selling
<input type="checkbox"/>	Non-Profit Organization/Church/Religious	Provide proof of the Florida DOR Tax Exemption or the IRS 501-C3
Exemptions below must have no more than one employee or helper and use their own capital (tangible assets), not in excess of \$1,000		
<input type="checkbox"/>	Physically Disabled	Need form 83039 completed by Medical Doctor
<input type="checkbox"/>	65 Years of Age or Older	Provide copy of Driver's License
<input type="checkbox"/>	Widow with Minor Dependents	Provide copy of Spouse's Death Certificate

I swear and affirm that the information on the above application for exemption and made for the business or profession indicated hereon is true and correct.

Business Owner's Signature

Date

Business Owner's Printed Name