



# CITY OF NICEVILLE

Community Development Department  
 Planning – Building – Inspections – CRA  
 208 Partin Drive N, Niceville, FL 32578  
 850-279-6436 – [www.cityofniceville.org](http://www.cityofniceville.org)

## REQUEST FOR BUSINESS TAX RECEIPT FEE EXEMPTION

<b>NAME OF BUSINESS:</b>	
<b>NAME OF OWNER:</b>	
<b>ADDRESS OF BUSINESS:</b>	

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.*