

**APPLICATION FOR BUSINESS TAX EXEMPTION  
FOR  
DISABLED WAR VETERANS**

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

1. I am a bona fide permanent resident elector of Hillsborough County, Florida and that I am the person named in the certificate attached hereto.
  
2. That I served as an officer or enlisted man in the United States Army, Navy, or Marine Corps during the World War I between April 6, 1917, and November 11, 1918, or in the United States Army, National Guard, Navy, Navel Reserve, United States Coast Guard, United States Coast Guard Reserve, Marine Corps, Marine Corps Reserve between December 7, 1942, and the close of World War II, (July 25, 1947), or June 24, 1950, and July 27, 1958, known as the Korean War or any War, and was honorably discharged or disenrolled from the service of the United States, as will appear from the certificate of honorable discharge, (or certified copy thereof) issued to me and attached hereto.
  
3. That I am disabled from performing manual labor, as will appear from one or more of the following:
  - (a) The certificate of Government 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 World War 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 license within the meaning and intent of Section 13.01, Hillsborough County Business Tax Ordinance, which certificate is on and made as a part of this 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 the fact that he is so disabled.
  
4. That I claim exemption for the payment of County buisness tax under the provisions of Section 13.01, Hillsborough County Business Tax Ordinance.
  
5. That the business or occupation for which I desire a license 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 license for the current license year, and have not made application for exemption on any other license for the current license year form 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 license 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 license has been granted to me in my home County appears on and as a part of this application.

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

**PHYSICIAN'S CERTIFICATE**

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

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 license to operate a \_\_\_\_\_

and who is asking for exemption from the payment of license tax as a disabled War Veteran under the provisions of Section 13.01 Hillsborough County Business Tax Ordinance 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 World War Number Two and is entitled to the exemption provided for under section 13.01 Hillsborough County Business Tax Ordinance, by reason of

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

And that the statements made by him in the application for 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 \_\_\_\_\_  
(Post or Camp Seal)

**CERTIFICATE OF TAX COLLECTOR**

STATE OF FLORIDA  
COUNTY OF

I, \_\_\_\_\_, Tax Collector of said County, hereby certify that no exemption from or on an business tax has been granted in this 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