City of Port St Lucie

Business Tax Division

121 SW Port St Lucie Blvd, Building A Port St Lucie, FL 34984 Phone 772-344-4356 Fax 772-344-4355 businesstax.cityofpsl.com



Request for Fee Exemption

F.S. 205.055– Veterans 1. A veteran of the spouse of such a veteral.	n review, I may be eligible for a City of Port St Lucie Business Tax Receipt exemption, u spouses of veterans and certain servicemembers, and low-income persons	under the following state statute:
1. A veteran of the spouse of such a veteral		
spouse of such a vetera	National Charles Assessed Foundations to the control of the charge of the control	
	n 214, with the character of service reading Honorable (If the applicant is a spouse or ur	•
 Valid F 	s DD214 you must include a copy of your marriage license) orida Driver License or Florida ID Card with the "Veteran" designation ID Card	
2. The spouse of	an active duty military servicemember who has relocated to the county or municipality pu	ursuant to a permanent change of station order
3. A person who	s receiving public assistance as defined in s. 409.2554. 37.	
4. A person who:	e household income is below 130 percent of the federal poverty level based on the curre	ent year's federal poverty guidelines.
5. A person clain	ng exemption based on one of the classifications listed in 1 through 4 above AND that o eck this box and the applicable classification in 1 through 4 above.	
F.S. 205.162 – Disable	d persons, the aged, and widows with minor dependents	
not exceed one thousar Certific Valid F	person physically incapable of manual labor, AND I do not have more than one employed dollars (\$1,000), as verified by providing: te from reputable physician stating the applicant is disabled and the nature and extent o	of the disability; AND
thousand dollars (\$1,00 Death 0	ith minor dependents, AND I do not have more than one employee AND I use my own c). and have attached proof of the same, as verified by providing: ertificate for spouse; AND minor dependents; AND orida ID / Driver License	apital only, which does not exceed one
(\$1,000), as verified by • Valid F	5 or older, AND I do not have more than one employee AND I use my own capital only, roviding: orida ID / Driver License; OR oof of age	which does not exceed one thousand dollars
income (if applicable) pr	ormation on this Affidavit will be used to determine eligibility for a business tax fee exemployided by me are true and complete to the best of my knowledge and belief, and I am awarstand that my entire file will be maintained by the City and is subject to public disclosure	ware that the information is given under penalt
TE OF FLORIDA INTY OF ST LUCIE	Signature of Applicant	Date
foregoing instrument was	acknowledged before me by means of □ physical presence or □ online notarization, the	his day of
	_, 20, bywho is personally known to me or has p	roducedas identification.
NATURE OF NOTABLE	IBLIC – STATE OF FLORIDA	

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