MIKE FASANO
TAX COLLECTOR/PASCO COUNTY/FLORIDA
POST OFFICE BOX 276/DADE CITY, FLORIDA 33526-0276

Request for Exemption for Business Tax Receipt

Business Name: _____

Applicant Name: _____

Business Address: _____

I attest that I am a majority interest owner of the above-named business, I have fewer than 100 employees, and I do not sell intoxicating liquors or malt and vinous beverages.

☐ I am a veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse, or un-remarried surviving spouse of such a veteran.

☐ I am the spouse of an active duty military service member who has relocated to Pasco County pursuant to a permanent change of station order.

☐ I receive public assistance as defined in Florida Statute 409.2554.

☐ My household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines.

The below exemptions should have not more than one employee or helper, and who use their own capital only, not in excess of $1,000.

☐ I am a person 65 or older and have attached proof of the same.
☐ I am disabled and physically incapable of manual labor.
☐ I am a widow with minor dependents.

Under penalty of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Business Owner's Signature_____

Printed Name_____

Date_____

Required Documents

☐ **Veteran Exemption, Spouse of a veteran, or the un-remarried surviving spouse of a veteran must provide:**

- Copy of the veteran's DD214 with the character of service reading Honorable.

NOTE: If the applicant is a spouse or un-remarried surviving spouse; they must also provide a copy of their marriage license and/or death certificate.

☐ **Spouse of an active duty military service member must provide:**

- Copy of spouse's orders
- A copy of their marriage license

☐ **Public assistance must provide:**

- Copy of the Florida Driver License or ID card
- Current letter from Department of Family and Children authorizing public assistance.

☐ **Household income is below 130 percent of the federal poverty level must provide:**

- Copy of the most recent income tax return

☐ **65 or older must provide:**

- Copy of Florida Driver License or ID card
- Proof they live in Pasco County
- Proof of Florida residency

☐ **Disabled and physically incapable of manual labor must provide:**

- Copy of Florida Driver License or ID card
- Proof they live in Pasco County
- Provide **one** of the following:
  - ☐ A certificate from a physician
  - ☐ Disabled parking placard
  - ☐ Vehicle registration indicating they have a disabled tag
  - ☐ Disabled hunting/fishing license
  - ☐ A disabled property tax exemption

☐ **Widow with minor dependents must provide:**

- Copy of Florida Driver License or ID card
- Proof they live in Pasco County
- Proof of deceased spouse
- Proof of at least one minor dependent under the age of 18

Rev. 08/27/26

MIKE FASANO
TAX COLLECTOR/PASCO COUNTY/FLORIDA
POST OFFICE BOX 276/DADE CITY, FLORIDA 33526-0276

Request for Church/Religious or Non-Profit Exemption

Business Name: _____

Applicant Name: _____

Business Address: _____

I attest that the above-named organization is a Church/ Religious or Non-Profit Organization and that I do not sell intoxicating liquors or malt and vinous beverages.

☐ I am a Church/ Religious Organization and have attached proof of the Florida Department of Revenue Tax Exemption.

☐ I am a Non-Profit Organization and have attached proof of the Florida Department of Revenue Tax Exemption or IRS 501-C3.

Under penalty of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Business Owner's Signature_____

Printed Name_____

Date_____

Required Documents

☐ **Church / Religious Organization must provide:**

- Proof of the Florida Department of Revenue Tax Exemption.

☐ **Non-Profit Organization must provide:**

- Proof of the Florida Department of Revenue Tax Exemption or IRS 501-C3.

Rev. 08/27/26