



**AFFIDAVIT OF EXEMPTION FROM BUSINESS TAX AND LICENSE FEE FOR VISION-IMPAIRED BUSINESS OWNERS or DISABLED VETERANS**

County: \_\_\_\_\_  
Name of County

City: \_\_\_\_\_  
Name of City

Please Print all Entries

**Business Name and Location Address**

**Owner's Name and Residence Address**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

FEIN (if obtained): \_\_\_\_\_

SSN: \_\_\_\_\_

**Business Mailing Address if Different from Location**

**Owner's Mailing Address if Different from Residence**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**As the owner of a business located in \_\_\_\_\_ County, Tennessee, I do hereby make affidavit that I am exempt from the business tax imposed by the Business Tax Law of Tennessee, Tenn. Code Ann. Section 67-4-701, and may obtain a business license without fee for the following reason:**

**Vision-impaired Owners: [Tenn. Code Ann. Section 67-4-712(a)(1)]**

1. I own less than \$2,500 of unencumbered property anywhere, and
2. I own less than \$2,500 of business capital, and
3. I reside in \_\_\_\_\_ County, and
4. I am the sole beneficiary of the business.

**Disabled Veterans: [Tenn. Code Ann. Section 67-4-712(a)(2)]**

1. I am a disabled former soldier, sailor, airman, or marine who became disabled in an armed conflict involving the United States of America. I own less than \$5,000 of unencumbered property anywhere, and
2. I own less than \$5,000 of business capital, and
3. I reside in \_\_\_\_\_ County, and
4. I am the sole beneficiary of the business.
5. I have not and will not seek this exemption for any other place of business I own, and
6. I will employ not more than any one person in this business who is not a member of my immediate family.

**I further make affidavit that if my condition for exemption should change and I should become liable for the Business Tax, I will purchase the proper business license.**

\_\_\_\_\_  
Business Owner's Signature

\_\_\_\_\_  
Date

Subscribed to and sworn before me this \_\_\_\_\_ day

of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Clerk's Signature

\_\_\_\_\_  
Date