



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