

PHYSICIAN'S CERTIFICATE

I, _____ hereby certify that I am a licensed practicing physician located at _____, Florida and that I am personally acquainted with _____ who is the applicant for the following exemption:

() From payment of license tax under Sec. 205.162 F.S.

() Up to \$50 on a license tax under Sec. 205.171 F.S.

and that I have examined the said applicant and found him/her to be physically disabled and unable to perform manual labor as a means of livelihood. The nature and extent of the disability being as follows:

Print Name of Physician

Signature of Physician (No Stamp)

SECTION 205.162, FLORIDA STATUTES

(1) All disabled person physically incapable of manual labor, widows with minor dependents, and person 65 years of age or older, with not more than 1 employee or helper, and who use their own capital only, not in excess of \$1,000, shall be allowed to engage in any business or occupation in counties in which they live without being required to pay for a license. The exemption provided by this section shall be allowed only upon the certificate of the county physician, or other reputable physician, that the applicant claiming the exemption is disabled, the nature and extent of the disability being specified therein, and in case the exemption is claimed by a widow with minor dependents, or a person over 65 years of age, proof of the right of the exemption provided by this section shall, upon application and furnishing of the necessary proof as aforesaid, be issued under this section, and the reason for the exemption shall be written thereon.

(2) In no event under this or any other law shall any person, veteran or otherwise, be allowed any exemption whatsoever from the payment of any amount required by law for the issuance of a license to sell intoxicating liquors or malt and vinous beverages.

SECTION 205.171, FLORIDA STATUTES

(1) A bona fide, permanent resident elector of the state who served as an officer or enlisted person during a war which occurred since April 21, 1896 in the Armed Forces of the United States, National Guard or United States Coast Guard or Coast Guard Reserves, or any temporary member thereof, who has actually been, or may hereafter be, reassigned by the air force, army, navy, coast guard or marines to active duty during any war, declared or undeclared, armed conflicts, crises, etc., who was

honorably discharged from the service of the United States, and who at the time of his or her application for a license as herein after mentioned shall be disabled from performing manual labor shall, upon sufficient identification, proof of being a permanent resident elector in the state, and production of an honorable discharge from the service of the United State;

(b) Be entitled to an exemption to the extent of \$50 on any license to engage in any business or occupation in the state which may be carried on mainly through the personal efforts of the licensee as a means of livelihood when the state, county or municipal license for such business or occupation shall be more than \$50.