TENNESSEE DEPARTMENT OF REVENUE

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

☐ **County:** _____ ☐ **City:** _____

Name of County **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)]**

I. 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