



**FORM A-A**

**AGED EXEMPTION AFFIDAVIT**

**PRIOR TO ISSUANCE OF AN "AGED EXEMPT LOCAL BUSINESS TAX RECEIPT",  
THE FOLLOWING STATEMENT IS REQUIRED:**

FOR MY BUSINESS, \_\_\_\_\_,  
(NAME OF BUSINESS)

FOR WHICH I HEREBY APPLY FOR AN AGED EXEMPTION FOR THE  
RECEIPT FEE, I HEREBY STATE THE FOLLOWING:

- I have no more than one employee or helper.
- I use my own capital only, not in excess of one thousand dollars.
- I am 65 years of age, or older.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Sworn to (or affirmed) and subscribed before me** by means of ☐ physical presence or ☐ online  
notarization, **this** \_\_\_\_ **day of** \_\_\_\_\_, **\_\_(year)**, **by** \_\_\_\_\_ **(name of person making statement).**

\_\_\_\_\_  
Signature of Notary

Personally known to me \_\_\_\_\_  
Produced identification \_\_\_\_\_  
Type of identification \_\_\_\_\_

\_\_\_\_\_  
Print or type name of Notary

**NOTE:** Attach a copy of your driver's license or other verification giving proof  
that you are over the age of sixty-five (65) years