



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