

**APPLICATION BEFORE PROBATE COURT
FOR CERTIFICATE OF ELIGIBILITY PURSUANT TO
O.C.G.A. §§43-12-1 ET SEQ. FOR VETERAN TO PEDDLE OR
CONDUCT BUSINESS WITHOUT PAYING OCCUPATION TAX,
ADMINISTRATIVE FEE, OR REGULATORY FEE**

Name of Veteran: _____
(First) (Middle) (Last)

Mailing Address: _____

Residence Address: _____

County of Residence: _____

I, the above-named individual, hereby swear or affirm as follows:

1. I am seeking a certificate of exemption from the payment of occupation taxes, administrative fees, or regulatory fees for peddling, conducting a business, or practicing a profession or semiprofession pursuant to O.C.G.A. §§43-12-1 et seq. In order to qualify for that certificate of exemption, I understand that I must first obtain a certificate of eligibility from the Judge of the Probate Court of the county in which I reside. I therefore make this, my application for a certificate of eligibility.

2. *(Check the applicable one of the following lines):*

_____ I am a disabled veteran of any war or armed conflict in which any branch of the armed forces of the United States engaged, whether under United States command or otherwise; and, as such am providing to the Court evidence **(which I am attaching hereto)** that:

I have a physical disability which is disabling to the extent of 10% or more; *and*

My service in the armed forces of the United States was terminated under conditions other than dishonorable; *and*

My service or some part thereof was rendered during a period identified in O.C.G.A. §43-12-2 (c);

OR

_____ I am a blind person and, as such am providing evidence of my blindness (***which I am attaching hereto***) to the Court;

OR

_____ I am a veteran of peace-time service in the United States armed forces who as a physical disability incurred during the period of such service; and, as such am providing to the Court evidence (***which I am attaching hereto***) that:

I have a physical disability to the extent of 25% or more incurred in the line of duty during the period of such service as shown by:

a letter or other evidence from the United States Department of Veterans Affairs or the Department of Veterans Service stating the degree of disability; or written evidence from the branch of the armed forces of the United States in which I served;

and

My service in the armed forces of the United States was terminated under conditions other than dishonorable.

3. I am not subject to payment of any income taxes to the State of Georgia.

APPLICANT (Signature)

APPLICANT (Printed Name)

SWORN TO AND SUBSCRIBED BY ME
THIS ___ DAY OF _____, 20____.

JUDGE/CLERK/DEPUTY CLERK
PROBATE COURT OF CHATHAM COUNTY