

	TOURIST TAX EXEMPTION CERTIFICATE	Code: Esen
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		Rif.: Doc. Supporto

MUNICIPALITY OF	GIOVINAZZO (BA)
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THE UNDERSIGNED _____															
BORN IN _____										PROVINCE _____			ON ____/____/____		
RESIDENT IN _____										PROVINCE _____			IN _____		
STREET/SQUARE _____										N° _____			ZIP CODE _____		
TELEPHONE/MOBILE PHONE NUMBER _____															
E-MAIL _____															
Tax Code															

- ✓ Aware that with the City Council Resolution No 67 del 28/11/2023 the Municipality of Giovinazzo (BA) has introduced the tourist tax provided with the art. 4 of Legislative Decree No. 23/201;
- ✓ Aware of the penal sanctions, in the case of untruthful declarations, formation or use of false documents, referred to in art. 76 of Presidential Decree No. 445 of 28 December 2000;

DECLARES

TO HAVE STAYED OVERNIGHT BY THE ACCOMODATION FACILITY NAMED _____

LOCATED IN STREET/SQUARE _____ N° _____ ZIP CODE _____

FROM DAY _____ TO DAY _____ AND TO BE EXEMPT FROM PAYING THE TOURIST TAX *(mark the reason for the exemption)*

- ☐ Residents in the municipality of Giovinazzo;
 - ☐ Minori until the fourteenth year of age;
 - ☐ Persons (maximum n. 1) assisting patients admitted to health facilities in the territory of the ALS of Bari province;
 - ☐ Member of State and local police, the other armed forces, and the National Fire Brigades who are on duty;
 - ☐ Volunteers staying in case of emergency for disasters;
 - ☐ Persons who stay in the accommodation facilities only for institutional, tourist and social purposes of the Municipality of Giovinazzo;
 - ☐ Events organized by the municipal, provincial and regional administration or for environmental emergencies;
 - ☐ Coach drivers and tour leaders providing assistance to organised groups. For the purposes of this exemption, an organised group is defined as a group of at least 20 persons with travel organised by means of a package tour arranged by a professional organiser with a single booking;
 - ☐ Disabled persons (beneficiaries of the attendance allowance) and one accompanying person;
 - ☐ Persons undergoing dialysis in health facilities in the territory of the ALS of the province of Bari;
 - ☐ Persons over 70 years of age (from the day they turn 70).

NOTES:

ATTACHMENT: COPY OF THE DECLARANT'S ID CARD

DATE ____ / ____ / ____

SIGNATURE _____