

Florida Sales and Use Tax Application for Release or Refund of Security

DR-29 R. 01/16

Rule 12A-1.097 Florida Administrative Code Effective 01/16

SECURITY INFORMATION:

SECONITI INFORM	-			
Type of Security Posted (· · · · · · · · · · · · · · · · · · ·	u Dand Dilwayaaah	de Letter of Credit	
☐ Cash Deposit or C	Cash Bond		le Letter of Credit	
Date Security Posted		Amount of Security	Amount of Security	
Contificate No		Fodovol Employee Is	Jantification Number	
Certificate No.		Federal Employer id	Federal Employer Identification Number	
Name of Certificate Hold	<u> </u>			
Traine of Commedia Flora	.			
Mailing Address				
City	County	State	ZIP Code	
RELEASE OR REFU	IND JUSTIFICATION:		1	
Check all that apply:				
☐ I have complied	I with the provisions of Chap	ter 212. F.S., for a period of	twelve consecutive months, beginning	
·	and ending	·		
	and chang	·		
☐ I have complied	I with the terms and conditio	ns of the compliance agreer	ment entered into with the Department on	
this date:	·			
☐ I have ceased b	ousiness operations as of this	s date:		
	SES THAT CEASE OPERAT		·	
	n with applicable tax payme			
 Your original application. 	_	and Florida Annual Resale C	ertificate must be surrendered with this	
 Your certific 	cates will be cancelled as of	the date entered above.		
understand that if I	perjury, I declare that I have r	ies requiring registration wit	on and the facts stated in it are true. I h the Department of Revenue, I may be egistration.	
Sign	nature of Owner(s), Partner, Corpora		Date	
DEPARTMENT VER	IFICATION:			
☐ Release or refu	nd entire amount of security.			
			Period:	
For the Department	:		Date:	