



Application for Temporary Tax Exemption Permit

DRAFT

Section I - All Applicants

This application is to be completed for each **project** for which exemption from Florida sales and use tax is claimed pursuant to section (s.) 212.08(5)(b), Florida Statutes (F.S.), and Rule 12A-1.096, Florida Administrative Code (F.A.C.).

Exemption Claimed As: New Business Expanding Business Spaceport Activity Mining Activity

Business Name:

Mailing Address:

City, State, ZIP

Company Website Address:

Florida Sales Tax Certificate Number (required):

FEIN:

Telephone Number:

Fax Number:

Person or persons to be contacted regarding this project

(Form DR-835, *Power of Attorney*, incorporated by reference in Rule 12-6.0015, F.A.C., must be submitted if not an officer or employee of the business.)

Name:

reformatted
address
information

Mailing Address:

City, State, ZIP

Position:

Telephone Number:

Email Address*:

new text

*Your privacy is important to the Florida Department of Revenue. Email addresses provided to the Department for tax administration purposes are confidential and exempt from disclosure under section 213.053(2), F.S.

Florida Law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email that does not require additional steps before you can access information in the email. To expedite the processing of your application, you may wish to receive unencrypted email regarding this application. If so, indicate your approval to receive unencrypted email by selecting 'Yes' below, otherwise, select 'No.'

New
Text

Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email.

No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email requires a one-time passcode or a user account.)

Project Location (Address where the machinery and equipment will be or has been installed)

Physical Street Address:

reformatted
address information

City, State, ZIP:

(MM/DD/YYYY)

Did you purchase or buy out another business at the location? Yes No If yes, when? _____

Project Description (Explain in full detail the purpose and scope of work to be accomplished by the project.):

(Attach additional sheet, if necessary)

DRAFT

Section I - All Applicants (Continued)

Is any qualifying machinery and equipment going to be leased? Yes No
 If yes, will this be a: Capital Lease Operating Lease Please provide a complete, legible copy of the lease (if available).

List the types of the major machinery and equipment that may be purchased or leased for the project. (**DO NOT** file a separate application for each item of machinery and equipment to be purchased, if they are for the same project.)

(Attach additional sheet, if necessary)

Total cost of the **machinery and equipment** to be purchased or leased for the project: \$

Total cost of the entire **project**: \$

What is the **product or item** that will be made for sale by the machinery and equipment listed at the project location?

Is this product or a similar product already being made at the project location? Yes No

Is this product or a similar product already being made at another Florida location of this company? Yes No
 If yes, provide the location or locations:

Location Address:

City, State, ZIP
 (Attach additional sheet, if necessary)

reformatted
address lines

Will production of the product be closed down at a location listed above, or has production been closed down? Yes No
 If yes, when will or did production at that location stop?

What type of businesses or customers will be purchasing the product or item produced by the machinery and equipment?

Section II - New Businesses

If claiming exemption as a **new business**, please answer the following

Has this business previously applied for this exemption? Yes No
 If so, when?

Approximate Beginning and Completion Date of Construction (if construction is necessary):
 Beginning Date: _____ Completion Date: _____

Approximate Beginning Date of Machinery and Equipment Purchases:	Estimated Start Date of Production:
--	-------------------------------------

Section III - Expanding Businesses

If claiming exemption as an **expanding business**, please answer the following

Has this business previously applied for this exemption? Yes No
 If so, when?

Approximate Beginning and Completion Date of Construction (if construction is necessary):
 Beginning Date: _____ Completion Date: _____

Approximate Beginning Date of Installation of Machinery and Equipment Purchases:	Estimated Date of Completion of Machinery and Equipment Installation:
--	---

Please answer the following regarding productive output for your expansion project.

Specify the unit of measure that will be used to measure your increase in productive output; such as pounds, tons, pieces, gallons, cubic yards, or sheets. **Selling price or labor hours cannot be used.**

What is the expected percent increase in productive output following the expansion project?
 _____ %

Additional Remarks

DRAFT

Additional Remarks: _____

Important: A qualifying business entity must file this form whether it seeks to make purchases of machinery and equipment tax exempt or seeks a refund of previously paid taxes. To avoid any delays in obtaining the permit or a refund, the application must be fully completed and returned to the Department of Revenue. A business that seeks a refund of previously paid tax **must** file an *Application for Refund - Sales and Use Tax* (Form DR-26S) incorporated by reference in Rule 12-26.008, F.A.C., within the applicable statutory limits. See s. 215.26(2), F.S.

For additional information, call (850) 617-8346.

Under penalties of perjury, I declare that I have read this application and the facts stated in in are

Signature

Print Name

Title

Date

Mail this form to: **Office of Technical Assistance**
~~DIRECTOR~~
~~TECHNICAL ASSISTANCE AND DISPUTE RESOLUTION~~
FLORIDA DEPARTMENT OF REVENUE
PO BOX 7443
TALLAHASSEE FL 32314-7443

or

Mail this form to: ~~dortadr@floridarevenue.com~~
Email dorota@floridarevenue.com

_____ **For Florida Department of Revenue use ONLY — Do not write in this space.** _____

The above project is: (check one)

- Approved as a new business
- Approved as an expanding business
- Approved as a spaceport activity
- Approved as a mining activity
- Not approved for the exemption

Permit _____
From _____ To _____
 Permit Number _____
 Refund No Permit Issued

Business Name: _____

(Signature of Authorized Agent)

Date

Sales Tax Certificate Number: _____