

Application for Temporary Tax Exemption Permit

DR-1214 R. 07/06 TC

Rule 12A-1.097 Florida Administrative Code Effective 04/08

SECTION I

		olication is to be completed for each project for which exemption from Florida sales and/or use tax is claimed pursuant to 212.08(5)(b), Florida Statutes, and Rule 12A-1.096, Florida Administrative Code. See reverse side for mailing adress.					
	EX	EMPTION CLAIMED AS: ☐ New Business ☐ Expanding Business ☐ Spaceport Activity ☐ Mining Activity					
1.	(a)	Business Name:					
	(b)	Mailing Address:					
		City, State, ZIP:					
	(c)	Website address:					
	(d)	(d) Florida Sales Tax Number for location listed in (2)(a) (required):					
	(e) FEIN:						
	(f)	Telephone Number: () Fax Number:()					
	(g)	Name, address, position, and telephone number of person or persons to be contacted regarding this project. (Form DR-835 Power of Attorney, must be submitted if not an officer or employee of the business.)					
2.	(a)	Project Location (Address where the machinery and equipment will be or has been installed):					
۷.	(α)	(a) Troject Ecoation (Address where the machinery and equipment will be of has been installed).					
	(b)) Did you purchase or buy out another business at the location in 2.(a)? Yes No If yes, when?					
	(c)	e) Project Description (Explain in full detail the purpose and scope of work to be accomplished by the project.):					
		(Attach additional sheet, if necessary)					
	(d)	(d) Is any qualifying machinery and equipment going to be leased? \square Yes \square No If yes, will this be a: \square Capital Lease \square Operating Lease Please provide a complete, legible copy of the lease (If available)					
	(e)	(e) 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)					
	(f)						
	(g)	Total cost of the entire project :					
3.	(a)) What is the product or item that will be made for sale by the machinery and equipment listed at the project location?					
	(b)	Is this product or a similar product already being made at the project location in 2.(a)?					
	(c)	c) Is this product or a similar product already being made at another Florida location of this company? Yes No If ye provide the location or locations:					
	(d) Will production of the product in 3.(a) be closed down at a location listed in 3.(c), or has production been closed down at Yes \square No If yes, when will or did production at that location stop?						
	(e)	What type of businesses or customers will be purchasing the product in 3.(a)?					

S	ECTION	N II					
If cla	aiming e	kemption as a new business , please answer the follo	owing:				
1.	Has this business previously applied for this exemption? If so, when?						
2.	(a) App	(a) Approximate Beginning and Completion Date of Construction (if construction is necessary):					
	Bed	ginning Date:	Completion Date:				
		proximate Beginning Date of Machinery and Equipme					
		mated Start Date of Production:					
S	ECTION	V III					
If cla	aiming e	kemption as an expanding business, please answer	the following:				
Has this business previously applied for this exemption? If so, when?							
2.	(a) App	proximate Beginning and Completion Date of Constru	ction (if construction is necess	ary):			
	Beg	ginning Date:	Completion Date:				
	(b) Approximate Beginning Date of Installation of Machinery and Equipment Purchases:						
	(c) Estimated Date of Completion of Machinery and Equipment Installation:						
3.		answer the following regarding productive output for					
0.	(a) Specfy the unit of measure that you will use to measure your increase in productive output; i.e., pounds, tons, pieces,						
	gan	gallons, cubic yards, sheets, etc. (Selling price or labor hours cannot be used.)					
		at is your expected percent increase in productive ou	tput following the expansion p	roject?%			
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l		A supplied the state of the sta	hay it again to walke we walke				
ımp	ortant:	A qualifying business entity must file this form whet					
		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) within the applicable					
		statutory limits. See s. 215.26(2), F.S. For addition	al information, call (850) 617-	8346.			
	I this fo i ECTOR	m to:	Signature	Date			
		ASSISTANCE AND DISPUTE RESOLUTION					
		EPARTMENT OF REVENUE	Print Name				
	BOX 744						
TAL	LAHASS	EE FL 32314-7443	Title				
_		For Florida Department of Revenue	use ONLY - Do not write in this	space.			
The	above pro	oject is: (check one)					
	☐ Appr	oved as a new business	Permit				
	☐ Appr	oved as an expanding business	From	То			
	☐ Appr	oved as a spaceport activity					
Appr		oved as a mining activity	☐ Permit Number				
		pproved for the exemption	Refund	☐ No Permit Issued			
Busi	ness Nam	ne:	(Signature of Authorized Agent)	Date			
			(Olynature of Authorized Agent)	Date			
Sale	s Tax Nur	nber:					