



Application for Temporary Tax Exemption Permit

DR-1214 R. 01/16 Rule 12A-1.097 Florida Administrative Code Effective 01/16

SECTION I

This application is to be completed for each project for which exemption from Florida sales and/or use tax is claimed pursuant to section 212.08(5)(b), Florida Statutes, and Rule 12A-1.096, Florida Administrative Code. See reverse side for mailing address.

EXEMPTION CLAIMED AS: [ ] New Business [ ] Expanding Business [ ] Spaceport Activity [ ] Mining Activity

- 1. (a) Business Name: (b) Mailing Address: (c) Website address: (d) Florida Sales Tax Number for location listed in (2)(a) (required): (e) FEIN: (f) Telephone Number: (g) Name, address, position, and telephone number of person or persons to be contacted regarding this project.

- 2. (a) Project Location (Address where the machinery and equipment will be or has been installed): (b) Did you purchase or buy out another business at the location in 2.(a)? (c) Project Description (Explain in full detail the purpose and scope of work to be accomplished by the project.):

(Attach additional sheet, if necessary)

- (d) Is any qualifying machinery and equipment going to be leased? (e) List the types of the major machinery and equipment that may be purchased or leased for the project.

(Attach additional sheet, if necessary)

- (f) Total cost of the machinery and equipment to be purchased or leased for the project: (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) Is this product or a similar product already being made at another Florida location of this company? (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? (e) What type of businesses or customers will be purchasing the product in 3.(a)?

**SECTION II**

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

- 1. Has this business previously applied for this exemption? If so, when? \_\_\_\_\_
- 2. (a) Approximate Beginning and Completion Date of Construction (if construction is necessary):  
 Beginning Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_
- (b) Approximate Beginning Date of Machinery and Equipment Purchases: \_\_\_\_\_
- (c) Estimated Start Date of Production: \_\_\_\_\_

**SECTION III**

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

- 1. Has this business previously applied for this exemption? If so, when? \_\_\_\_\_
- 2. (a) Approximate Beginning and Completion Date of Construction (if construction is necessary):  
 Beginning 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. Please answer the following regarding productive output for your expansion project.
  - (a) Specify the unit of measure that you will use to measure your increase in productive output; i.e., pounds, tons, pieces, gallons, cubic yards, sheets, etc. **(Selling price or labor hours cannot be used.)** \_\_\_\_\_
  - (b) What is your expected percent increase in productive output following the expansion project? \_\_\_\_\_ %

**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) within the applicable statutory limits. See s. 215.26(2), F.S. **For additional information, call (850) 617-8346.**

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

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

**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 Number: \_\_\_\_\_