

APPLICATION TO COLLECT AND/OR REPORT TAX IN FLORIDA

SECTION A — BUSINESS INFORMATION



Please use **BLACK** or **BLUE** ink **ONLY** and type or print clearly.

Answer **ALL** questions in the section(s) that apply to your business.

1. This application is for (check all that apply):

✓	Tax Type	Fee Due	Complete Sections
<input checked="" type="checkbox"/>	Sales and Use Tax	\$5.00 *	A, B, H
<input type="checkbox"/>	Use Tax Only	No fee	A, B, H
<input type="checkbox"/>	Solid Waste Fees and Pollutants Tax	\$30.00**	A, B, C, H
<input type="checkbox"/>	Unemployment Tax	No fee	A, D, H
<input type="checkbox"/>	Gross Receipts Tax on Electric Power and Gas	No fee	A, E, H
<input type="checkbox"/>	Documentary Stamp Tax	No fee	A, F, H
<input type="checkbox"/>	Communications Services Tax	No fee	A, G, H

*The \$5 registration fee does not apply if:
 • Your business location is outside the State of Florida.
 • Your business is moving from one Florida county to another.
 • You register online.

**The \$30 registration fee applies to drycleaning only. There is no fee for online registration.

2. Indicate whether this is a new registration (never before registered with the Florida Department of Revenue) or a change to an existing registration.

New Registration

A. New business entity B. New business location C. New tax obligation at existing location

Provide certificate number if you checked B or C:
 - -

Beginning date of business activity:
 / /

month day year

Provide the date this business location or entity became or will become liable for Florida tax(es). Do not use your incorporation date unless that is the date your business became liable for tax. **If you have been in business longer than 30 days prior to registering, contact the DOR service center nearest you.**

Change to Existing Registration

D. Change of county location (Business is moving from one Florida county to another) E. Change of legal entity F. Change of ownership

If you have checked Box D, E, or F, the Department will cancel your existing certificate(s) and issue a new one. Provide the certificate number(s) to be canceled. (Attach additional sheet if necessary.)
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If your business is relocating within the same county, do not use this application. Contact the Department to change your address.

This change is effective (enter date):
 / /

month day year

3. If this is a seasonal business (not open year-round), list the months of your open season.

Beginning date: / / Ending date: / /

month day year month day year

4. Legal name of corporation, individual owner (last, first, middle) limited liability company, partnership, or other:	Owner telephone number:
5. Trade or fictitious name (d/b/a) (if different than #4 above):	Business telephone number:
6. Complete physical address of business or real property. Home-based businesses and non-permanent flea market/craft show vendors must use their home addresses. Listing a post office box, private mailbox, or rural route number is not permitted.	Fax number:
City/State/ZIP:	County:
7. Mailing address (if different than physical address):	
Mailing address:	
City/State/ZIP:	E-mail address:

8. If you have a **Consolidated Sales Tax Number** and want to include this business location, please complete the following:

_____ 8 0 - -

Consolidated registration name on record with the Florida Department of Revenue. Consolidated registration number
 If you want to obtain a new consolidated number, contact the Department and request Form DR-1CON.

9. Business Entity Identification Number. If you are registering for unemployment tax or have employees, you must provide and FEIN. If an FEIN is not required for your business entity, the social security number of the owner is required. Social security numbers are used by the Department as unique identifiers for the administration of Florida's tax laws. They are confidential under sections 119.0721 and 213.053, Florida Statutes, and are not subject to disclosure as public records.

a. Federal Employer Identification Number (FEIN): -

or

b. Social Security Number (SSN) of owner: - -

(If you are required to have an FEIN, but have not yet been assigned one you may call the Internal Revenue Service at 800-829-4933 to request one.)

**** PLEASE TYPE OR PRINT CLEARLY ****

SECTION A — BUSINESS INFORMATION (CONT'D.)

10. Identify proprietors or owners, partners, officers, members, or trustees. Include the person whose social security number is listed under Question 9. **Without this information, processing of your application may be stopped.**

Name Title	Social security number and Driver license number and state	Home address City/State/ZIP	Telephone number
-----	-----	-----	(____) ____ - ____
-----	-----	-----	(____) ____ - ____
-----	-----	-----	(____) ____ - ____
-----	-----	-----	(____) ____ - ____

11. **Type of ownership** - Check the box next to the exact entity structure of your business.

- | | |
|--|---|
| <p><input type="checkbox"/> Sole proprietorship - An unincorporated business that is owned by one individual.</p> <p><input type="checkbox"/> Partnership - The relationship existing between two or more entities or individuals who join to carry on a trade or business. This includes a business jointly owned/operated by a husband and wife.</p> <p>Check one: <input type="checkbox"/> General partnership <input type="checkbox"/> Limited partnership
 <input type="checkbox"/> Joint venture <input type="checkbox"/> Married couple</p> <p><input type="checkbox"/> Corporation - A person or group of people who incorporate by receiving a charter from their state's Secretary of State (includes professional service corporations).</p> <p>Check one: <input type="checkbox"/> C-corporation <input type="checkbox"/> S-corporation
 <input type="checkbox"/> Not-for-profit corporation</p> <p><input type="checkbox"/> Limited liability company - Two or more entities (or individuals) who file articles of organization with their state's Secretary of State.</p> <p>Check one: <input type="checkbox"/> Single-member LLC <input type="checkbox"/> Multi-member LLC</p> <p><input type="checkbox"/> Check here if you elected to be treated as a corporation for federal income tax purposes.</p> | <p><input type="checkbox"/> Business trust - An entity created under an agreement of trust for the purpose of conducting a business for profit (includes real estate investment trusts).</p> <p><input type="checkbox"/> Non-business trust/Fiduciary - An entity created by a grantor for the specific benefit of a designated entity or individual.</p> <p><input type="checkbox"/> Estate - An entity that is created upon the death of an individual, consisting of that individual's real or personal property.
 Date of death: _____</p> <p><input type="checkbox"/> Government agency - A legal government body formed by governing constitutions, statutes, or rules.</p> <p><input type="checkbox"/> Indian tribe or Tribal unit - Any Indian tribe, band, nation, or other organized group or community which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians (includes any subdivision, subsidiary, or business enterprise wholly owned by such an Indian tribe).</p> |
|--|---|

12. If a partnership, corporation, or limited liability company, provide your fiscal year ending date: /
month day

13. If incorporated, chartered or otherwise registered to do business in Florida, provide your document/registration number from the Florida Secretary of State: _____

Provide the date of incorporation, charter, or authorization to do business in Florida:
 / /
month day year

Note:

If not incorporated, chartered or registered to do business in Florida, you may be required to do so. Call the Florida Department of State, Division of Corporations at 850-488-9000 for more information.

14. Is your business location rented from another person or entity? Yes No
If yes, and you **do not operate from your home**, provide the following information.

Owner or landlord's name _____ Telephone number _____

Address _____ City/State/ZIP _____

15. a. What is your primary business activity? _____
- b. What are your taxable business activities? _____
- c. If known, enter your North American Industry Classification System (NAICS) Code: _____
To determine your NAICS code, go to <http://www.naics.com/search.htm>

SECTION H — APPLICANT DECLARATION AND SIGNATURE

This application will not be accepted if not signed by the applicant.

If the applicant is a sole proprietorship, the proprietor or owner must sign; if a partnership, a partner must sign; if a corporation, an officer of the corporation authorized to sign on behalf of the corporation must sign; if a limited liability company, an authorized member or manager must sign; if a trust, a trustee must sign; if applicant is represented by an authorized agent for unemployment tax purposes, the agent may sign (attach executed power of attorney). **THE SIGNATURE OF ANY OTHER PERSON WILL NOT BE ACCEPTED.**

Please note that any person (including employees, corporate directors, corporate officers, etc.) who is required to collect, truthfully account for, and pay any taxes and willfully fails to do so shall be liable for penalties under the provisions of section 213.29, Florida Statutes. All information provided by the applicant is confidential as provided in s. 213.053, F.S., and is not subject to Florida Public Records Law (s. 119.07, F.S.).

Under penalties of perjury, I attest that I am authorized to sign on behalf of the business entity identified herein, and also declare that I have read the information provided on this application and that the facts stated in it are true to the best of my knowledge and belief.

**SIGN
HERE**

Title _____

Print name _____

Date _____

Amount enclosed: \$ _____

- **\$5 fee** – Sales tax registration for business/property located in Florida.
- **\$30 fee** – Solid waste registration for dry cleaners.

USE THIS CHECKLIST TO ENSURE FAST PROCESSING OF YOUR APPLICATION.

- ✓ Complete the application in its entirety.
- ✓ Make sure that you have provided your FEIN or SSN.
- ✓ Sign and date the application.
- ✓ Attach check or money order for appropriate registration fee amount. **DO NOT SEND CASH.**

✓ Mail to: **FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100**

You may also mail or deliver your application to any service center listed on the inside front cover.

FOR DOR USE ONLY

PM/Delivery

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Contract Object (MO)

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NAICS Code(s):

B.P. No.

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Contract Object (LO)

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UT Acct. No..

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Contract Object (other)

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