



Application for Amusement Machine Certificate

DR-18
R. 01/16
TC 03/22
Rule 12A-1.097, F.A.C.
Effective 01/16

- ☐ Initial Application
☐ Add Locations or Machines
☐ Annual Renewal Application

Amusement Machine Operator Information:

Business Partner Number - This number is located on the back of your <i>Certificate of Registration</i> (Form DR-11).	Business Operator Identification Number - Provide the Federal Employer Identification Number (FEIN) of the business operator or Social Security Number (SSN)* of the operator.	
Business Partner Number:	FEIN:	SSN*:

*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at: **floridarevenue.com** and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Name of operator _____	
Business name of operator _____	
Operator's mailing address _____	
City _____	State _____ ZIP _____
Telephone Number: (_____) _____ Email Address: _____	
(Your email address is treated as confidential information [section 213.053, Florida Statutes], and is not subject to disclosure of public records [section 119.071, Florida Statutes].)	
Under penalties of perjury, I certify that I have read this application and the facts stated in it are true. I understand that a new certificate must be obtained and additional fees are due if I wish to operate more amusement machines than are authorized by the certificates issued under this application.	
Authorized signature of operator or operator's authorized representative _____	Date _____
Print or type the signature above	
This application and the required \$30 per machine fee may be delivered to the nearest Florida Department of Revenue service center or mailed to: Amusement Machine Certificate Florida Department of Revenue PO Box 5500 Tallahassee FL 32314-5500	
Note: Your check or money order is for the total amount of machine fees for all locations (\$30 times the total number of machines). If not, your application and payment will be returned to you without processing.	

Be Sure To:

- Indicate the type of application you are submitting:
 - › Initial Application
 - › Adding locations or machines
 - › Annual Renewal Application
- Obtain a sales and use tax *Certificate of Registration* number for each county in which you will operate amusement machines **before** you complete this application.
- If you have a consolidated sales tax account, be sure to enter your county sales tax certificate number for the county in the **Amusement Machine Location Information**, not your consolidated sales tax account number.

Amusement Machine Location Information

Enter your county or location sales and use tax *Certificate of Registration* number for this location. If this is your first application for a certificate for machines operated at this location, check the box for "**New Location.**" If you are adding machines to a previously issued certificate, check the box for "**Change Amusement Machine Certificate**" and enter the number of additional machines that will be operated at this location. If you did not receive a renewal application from the Department and you are using this application to renew your certificate, check the box "**Annual Renewal.**" **Be sure to enter the maximum number of machines to be operated at each location.** Multiply the number of machines by \$30 to compute the fee due for each location.

For DOR office use only

No. of locations: _____ No. of machines: _____ Amount paid: _____ Processed by: _____ Date: _____

LOCATION # 1 Sales Tax Certificate Number for the location county:

(You **must** provide an active sales tax number for this county.) _____ - _____ - _____

Location Business Name _____

Physical street address (Do not use PO Box) _____

City _____ County _____ State _____ ZIP _____

Maximum number of machines to be operated at this location:

Check One:

<input type="checkbox"/> New Location	Total number of machines	<input type="text"/>	x \$30 = \$	<input type="text"/>
<input type="checkbox"/> Annual Renewal	Total number of machines	<input type="text"/>	x \$30 = \$	<input type="text"/>
<input type="checkbox"/> Change Amusement Machine Certificate	Additional machines	<input type="text"/>	x \$30 = \$	<input type="text"/>

LOCATION # 2 Sales Tax Certificate Number for the location county:

(You **must** provide an active sales tax number for this county.) _____ - _____ - _____

Location Business Name _____

Physical street address (Do not use PO Box) _____

City _____ County _____ State _____ ZIP _____

Maximum number of machines to be operated at this location:

Check One:

<input type="checkbox"/> New Location	Total number of machines	<input type="text"/>	x \$30 = \$	<input type="text"/>
<input type="checkbox"/> Annual Renewal	Total number of machines	<input type="text"/>	x \$30 = \$	<input type="text"/>
<input type="checkbox"/> Change Amusement Machine Certificate	Additional machines	<input type="text"/>	x \$30 = \$	<input type="text"/>

LOCATION # 3 Sales Tax Certificate Number for the location county:

(You **must** provide an active sales tax number for this county.) _____ - _____ - _____

Location Business Name _____

Physical street address (Do not use PO Box) _____

City _____ County _____ State _____ ZIP _____

Maximum number of machines to be operated at this location:

Check One:

<input type="checkbox"/> New Location	Total number of machines	<input type="text"/>	x \$30 = \$	<input type="text"/>
<input type="checkbox"/> Annual Renewal	Total number of machines	<input type="text"/>	x \$30 = \$	<input type="text"/>
<input type="checkbox"/> Change Amusement Machine Certificate	Additional machines	<input type="text"/>	x \$30 = \$	<input type="text"/>

LOCATION # 4 Sales Tax Certificate Number for the location county:

(You **must** provide an active sales tax number for this county.) _____ - _____ - _____

Location Business Name _____

Physical street address (Do not use PO Box) _____

City _____ County _____ State _____ ZIP _____

Maximum number of machines to be operated at this location:

Check One:

<input type="checkbox"/> New Location	Total number of machines	<input type="text"/>	x \$30 = \$	<input type="text"/>
<input type="checkbox"/> Annual Renewal	Total number of machines	<input type="text"/>	x \$30 = \$	<input type="text"/>
<input type="checkbox"/> Change Amusement Machine Certificate	Additional machines	<input type="text"/>	x \$30 = \$	<input type="text"/>

Summary of Fee(s) Paid

Total Number of Machines on this Application: _____ **X \$30 = \$** _____
(total fee remitted with application)