

Florida Sales and Use Tax Application for Release or Refund of Security

DR-29 R. 01/16

Rule 12A-1.097 Florida Administrative Code Effective 01/16

SECURITY INFORMATION:

SECURITY INFORM				
Type of Security Posted	• •	ni Bari	. 1 . 11	
☐ Cash Deposit or (Cash Bond USU		e Letter of Credit	
Date Security Posted		Amount of Security		
Certificate No.		Federal Employer Ide	Federal Employer Identification Number	
Name of Certificate Hold	ier			
Mailing Address				
Mailing Address				
City	County	State	ZIP Code	
J.,	Joann,	- Class	5555	
	JND JUSTIFICATION:			
Check all that apply:				
☐ I have complied	d with the provisions of Ch	napter 212, F.S., for a period of to	welve consecutive months, beginning	
	and ending			
☐ I have complied	d with the terms and cond	litions of the compliance agreem	ent entered into with the Department on	
·			ent entered into with the Department on	
this date:				
☐ I have ceased b	ousiness operations as of	this date:	·	
FOR BUSINES	SES THAT CEASE OPER	RATIONS:		
A final retur	rn with applicable tax pay	ment must accompany this appli	ication	
 Your original application 	_	on and Fiorida Annual Resale Ce	rtificate must be surrendered with this	
Your certific	cates will be cancelled as	of the date entered above.		
understand that if I	perjury, I declare that I hav later resume business ac		and the facts stated in it are true. I the Department of Revenue, I may be gistration.	
Sign	nature of Owner(s), Partner, Corp	porate Officer or Member	Date	
DEPARTMENT VER				
☐ Release or refu	nd entire amount of secur	ity.		
□ Apply \$		to Certificate No	Period:	
For the Department	t:		Date:	