



Application for Data Center Property
Temporary
Tax Exemption Certificate

DR-1214DCP
N. 04/18

Rule 12A-1.097
Florida Administrative Code
Effective 04/18

SECTION I

This application is to be completed by the data center for which exemption from Florida sales and/or use tax is claimed pursuant to Section 212.08(5)(s), Florida Statutes.

A Qualifying Data Center Designation for Tax Exemption is Being Claimed by:

- 1. (a) Business Name:
(b) Mailing Address:
City, State, ZIP:
(c) Website address:
(d) Florida Sales Tax Number or Business Partner Number, if applicable:
(e) FEIN:
(f) Telephone Number: () Fax Number:()
(g) Name, address, position, telephone number, and e-mail address 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 data center facility and purchases eligible for tax exemption will be located):

- (b) Was the data center property listed in 2.(a) operating as a data center within six months of the date of acquisition?
Yes No

Please note: The acquisition cost of the facility cannot be included in the "cumulative capital investment" amount, as defined in section 212.08(5)(s)1.b., F.S., if the purchased facility was operating as a data center within six months of the date of acquisition.

- (c) Project Description (Explain in full detail the purpose and scope of work to be accomplished at the project location.):

(Attach additional sheet, if necessary)

- (d) Approximate Beginning and Completion Date of Construction (if construction is necessary):
Beginning Date: Completion Date:
(e) What is the total anticipated cost of construction activities occurring after July 1, 2017?
(f) List the major categories of property that have been or will be purchased or leased to outfit, operate, support, power, cool, dehumidify, secure, or protect the data center.

(Attach additional sheet, if necessary)

- (g) What is the total cost of the items listed in 2.(f) that have been purchased since July 1, 2017?
(h) What is the estimated cost of the anticipated purchase of items listed in 2.(f)?
(i) What is the estimated combined total of ALL project expenses to construct, install, equip, or expand the data center?
(j) What is the anticipated completion date of ALL purchasing activities?

SECTION II

- (a) What is the actual or anticipated minimum critical IT load for electric power dedicated to the data center?
_____ megawatts
- (b) What is the actual or anticipated minimum critical IT load for electric power that will be dedicated to each owner?
_____ megawatts
- (c) What is the actual or anticipated minimum critical IT load for electric power that will be dedicated to each tenant?
_____ megawatts

ADDITIONAL REMARKS

Important: A qualifying data center must file this form whether it seeks to make purchases tax-exempt or seeks a refund of previously paid taxes on eligible purchases. 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 also 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.

By submitting this application, the applicant acknowledges that it seeks to meet the exemption requirements provided in section 21.208(5)(s)2., F.S.

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

Signature

Print Name

Title

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

| | | |
|-------------|--|------------------------|
| Form DR-26S | Sales and Use Tax Application for Refund | Rule 12-26.008, F.A.C. |
| Form DR-835 | Power of Attorney and Declaration of Representative. | Rule 12-6.0015, F.A.C. |

For Florida Department of Revenue use ONLY — Do not write in this space.

The above project is: (check one)
 Approved
 Denied

Permit _____
From To

Permit Number _____

Business Name: _____

(Signature of Authorized Agent) Date

FEIN or Sales Tax Number: _____