FLORIDA
DEPARTMENT OF REVENUE

Application for the Exemption of Electrical Energy Used in an Enterprise Zone

DR-15JEZ
R. 08/09

Section 1

Name of business

Business location address

City State ZIP

Business mailing address

City State ZIP

☐ Check this box if the business qualifies as a small business as defined by section 288.703(1), Florida Statutes (F.S).

Date of application

Federal Employer Identification Number (FEIN) or Social Security Number (SSN)*

Sales tax certificate number

Telephone number

Provide the identification number of the enterprise zone where the business is located, as assigned by the Office of the Governor, Office of Tourism, Trade and Economic Development, pursuant to section 290.0065, F.S.

Section 2

Utility company name

Utility company address

City State ZIP

Your exemption from tax of electrical energy used in an enterprise zone is _____%. See Section 6 to calculate the percentage of exemption.

Section 3

The electrical energy is to be first initiated_____for use by the applicant business at a fixed location which: (check one)
Month Day Year

☐ 1. Is a new initially occupied structure that has not been previously provided or furnished electrical service (other than that used solely for construction purposes).

☐ 2. Is a newly occupied existing, remodeled, renovated, or rehabilitated structure to which electrical service has not been provided or furnished in the three (3) preceding billing periods (other than that used solely for the purpose of remodeling, renovation, or rehabilitation of the structure).

☐ 3. Has been granted a refund on building materials, pursuant to s. 212.08(5)(g), Florida Statutes, (see Rule 12A-1.107, Florida Administrative Code, governing building materials used in the rehabilitation of real property located in an enterprise zone.)

Section 4

Permanent, full-time employees (enterprise zone residents)

Name	Address	City, State, ZIP	SSN*	Enterprise Zone ID No.

(If necessary, attach a separate sheet listing name, address, city, state, ZIP, social security number and the identifying number assigned pursuant to s. 290.0065, Florida Statutes, to the enterprise zone in which the permanent, full-time employee resides.)

*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 **www.myflorida.com/dor** and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Section 5

Permanent, full-time employees (non-enterprise zone residents)

Name	Address	City, State, ZIP	SSN

(If necessary, attach a separate sheet listing name, address, city, state, ZIP, and social security number of each permanent, full-time employee not residing in an enterprise zone.)

Section 6

Calculation of 20% requirement

1. Total number of employees from Section 4: _____

2. Total number of employees from Sections 4 and 5: _____

3. Percentage of permanent, full-time employees residing in enterprise zones (divide Line 1 by Line 2, enter here): _____

- If Line 3 is less than 20%, the exemption from tax of electrical energy used in an enterprise zone is 50%.
- If Line 3 is 20% or greater, the exemption from tax of electrical energy used in an enterprise zone is 100%.
- Enter 50% or 100%, whichever is applicable, on the appropriate line of Section 2 of this form.

Section 7

I hereby affirm under penalty of perjury that all of the above statements are true and correct.

_____ _____

Signature of eligible business (owner, partner, or principal corporate officer) Date

Sworn to and subscribed before me this_____ day of _____ , _____.

_____

Signature of enterprise zone coordinator

This form must be signed by the enterprise zone coordinator before mailing to:

Account Management
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0100