



# Application for Amusement Machine Certificate

DR-18  
R. 01/16  
TC

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

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

## Amusement Machine Operator Information:

<b>Business Partner Number</b> - This number is located on the back of your <i>Certificate of Registration</i> (Form DR-11).	<b>Business Operator Identification Number</b> - 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](http://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:

Florida Department of Revenue  
Amusement Machine Certificate - MS 1-5730  
5050 W Tennessee St  
Tallahassee FL 32399-0160

**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: \_\_\_\_\_

This page may be photocopied to provide additional location information. Front page must always be included.

**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:**

**New Location**.....Total number of machines  x \$30 = \$

**Annual Renewal**.....Total number of machines  x \$30 = \$

**Change Amusement Machine Certificate**..... Additional machines  x \$30 = \$

**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:**

**New Location**.....Total number of machines  x \$30 = \$

**Annual Renewal**.....Total number of machines  x \$30 = \$

**Change Amusement Machine Certificate**..... Additional machines  x \$30 = \$

**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:**

**New Location**.....Total number of machines  x \$30 = \$

**Annual Renewal**.....Total number of machines  x \$30 = \$

**Change Amusement Machine Certificate**..... Additional machines  x \$30 = \$

**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:**

**New Location**.....Total number of machines  x \$30 = \$

**Annual Renewal**.....Total number of machines  x \$30 = \$

**Change Amusement Machine Certificate**..... Additional machines  x \$30 = \$

**Summary of Fee(s) Paid**

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