



Application for Sales and Use Tax Exemption for Gold Seal Quality Care Child Care Facilities*

EMAIL OR FAX TO:
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Effective July 1, 1999, the purchase of "educational materials" by a qualified gold seal quality care child care facility* is exempt from sales and use tax. Educational materials primarily include items such as: books, crayons, educational toys, glue, paint, paper, unique craft items and scissors.

The Sales and Use Tax Exemption Certificate is good for only one year. You must reapply every year and submit a copy of your current Gold Seal designation certificate with this application.

PART 1 - BUSINESS INFORMATION (Please complete all sections of Part 1)

Facility Name	Federal Employer Identification Number (FEIN)
Street Address	State Child Care License No
City/State/Zip	Facility Telephone Number (include area code)
Legal Name of Child Care Facility	Owner Name/Director of Facility
Name of Contact	Contact Telephone Number (include area code)
Contact Mailing Address (if different than above)	City/State/Zip

- * To qualify for exemption from sales and use tax, the child care facility must:
- meet the licensing standards for child care facilities as outlined in s. 402.305, F.S.;
 - be licensed under s. 402.308, F.S., or be exempt as outlined in s. 402.316, F.S.;
 - hold a current Gold Seal Quality Care designation as provided in s. 1002.945, F.S.; and
 - provide all employees with basic health care as defined in ss. 627.6699(12), F.S., as provide in s. 212.08(5)(m), F.S.

PART 2 - APPLICANT AFFIRMATION AND DECLARATION (Please complete all sections of Part 2)

I HEREBY ATTEST THAT: I am authorized to sign on behalf of the entity described above; that this entity qualifies for exemption from sales and use tax according to the combined statutory requirements indicated above; and furthermore if granted, the sales and use tax exemption certificate will only be used in the manner authorized pursuant to the appropriate sections of Chapter 212, Florida Statutes. Under penalties of perjury, I declare that I have read the information on this application and that the facts stated herein are true and correct to the best of my knowledge and belief.

Signature of Person Legally Responsible for the Organization

Title

Typed or Legibly Printed Name of Signatory

Date

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____.

Notary Seal or Stamp

- Produced Identification Personally Known

Form of Identification: _____

Notary Signature