

LOUISIANA INDUSTRIAL TAX EXEMPTION PROGRAM APPLICATION

LOUISIANA DEPARTMENT OF ECONOMIC DEVELOPMENT
Office of Business Development – Business Incentive Division
POST OFFICE BOX 94185, BATON ROUGE, LA 70804-9185
1051 NORTH THIRD STREET, BATON ROUGE, LA 70802
(225) 342-9218 FAX: (225) 342-0142
www.lded.state.la.us

Official Use Only

Check # _____
Deposit Date _____
Amount \$ _____
Receipt # _____
Initials _____

PROJECT NO. _____

INSTRUCTIONS: Complete all areas of requested information before submitting this application to our office. Any missing information may cause delays in processing and submission to the Louisiana Board of Commerce and Industry for consideration.

The Board of Commerce and Industry urges manufacturers and contractors to give preference to Louisiana manufacturers, suppliers, contractors, and labor.

1. BUSINESS INFORMATION

COMPANY NAME _____

PHYSICAL ADDRESS (Actual Location of Louisiana Manufacturing Site) _____	CITY _____	ZIP _____
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PARISH _____	MAYOR (If no Mayor, write "NONE") _____	MUNICIPAL DISTRICT (Orleans Parish Only) _____
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PRODUCT MANUFACTURED _____	SIC CODE _____
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GIVE A DETAILED EXPLANATION OF PLANT OPERATIONS AND MANUFACTURING PROCESS: (If more space is required, attach a separate sheet)

2. PROJECT INFORMATION

TYPE OF PROJECT: <input type="checkbox"/> This is a NEW plant <input type="checkbox"/> This is an ADDITION to an existing plant <input type="checkbox"/> This is a MISCELLANEOUS CAPITAL ADDITION	LOUISIANA LEGISLATORS SERVING THIS PLANT SITE: State Representative _____ District # _____ State Senator _____ District # _____
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JOBS, DATES, AND PAYROLL FOR THIS PROJECT (Complete Items A – F): A. Additional full time persons to be employed in operations after this project is completed: _____ B. Full time persons employed in plant operations prior to this project: _____ C. Construction jobs for this project: _____ D. Date Construction and/or installation started: _____ E. Date construction and/or installation was completed: _____ F. On-site construction payroll: _____	PROJECT INVESTMENT: Total Building \$ _____ Total Equipment (+) \$ _____ Total Labor & Engineering (+) \$ _____ Total Investment (=) \$ _____ Less: Restricted Amount (-) (Obsolete Equipment) \$ _____ Investment Amount (=) \$ _____ (To be Considered for Exemption)
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IF THIS IS A PLANT ADDITION, DESCRIBE WHAT IS BEING ADDED:

3. COMPANY CONTACT

Company Representative: _____
Name of person to contact in reference to this application

Title: _____

Company Name: _____

Address: _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____

4. APPLICATION FEE CALCULATION

Investment Amount	\$ _____
Effective Tax Rate ¹	x _____
2/10 %	x <u>0.002</u>
Application Fee	\$ _____

¹ The current year's Effective Tax Rate for each parish is attached to the Industrial Property Tax Exemption Application or may be obtained by calling our office.

Minimum - \$200 Maximum - \$5,000

RETURN THE ORIGINAL AND ONE COPY, A SIGNED CERTIFICATION PAGE, AND THE REQUIRED FEE

FOR ASSISTANCE CONTACT:

John Jernigan
(225) 342-5254
jernigan@lded.state.la.us

LOUISIANA INDUSTRIAL TAX EXEMPTION PROGRAM

CERTIFICATION AFFIDAVIT

BEFORE ME, the undersigned authority, personally came and appeared _____

_____ who first being duly sworn did depose and say:

That he/she is _____ of _____

Title

Company Name

_____ and
Mailing Address of Company Official

That he/she has examined the information contained on this application for tax exemption in the amount of \$ _____, and

That where buildings, equipment or machinery are being replaced, both the original cost of the building, equipment or machinery being replaced and the cost of the replacements are shown and identified on the application and;

That any secondhand items shown on the application were not on the active Louisiana tax assessment rolls at the time of acquisition or had not been previously covered by an industrial tax exemption in Louisiana and;

That none of the items on this application are presently on the tax assessment rolls of any parish in the State of Louisiana.

That to the best of my knowledge and belief, all statements contained therein are true and correct.

Signature of Company Official

STATE OF _____

PARISH / COUNTY OF _____

Subscribed and sworn to me this _____ day of _____, 20 _____.

My Commission:

[] is for life

[] Expires: _____
Date Notary Public

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