

For Office Use Only	
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## Enterprise Zone Program Application

PLEASE TYPE (\* Denotes required fields).

\*Project # \_\_\_\_\_

### BUSINESS INFORMATION

\*Business Name \_\_\_\_\_ \*Year Established in Louisiana \_\_\_\_\_

\*Project Physical Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State LA \_\_\_\_\_ \*Zip Code \_\_\_\_\_

Business Mailing Address - Same as:  Business Physical Address

Business Mailing Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ - \_\_\_\_\_

\*Phone Number \_\_\_\_\_ Ext \_\_\_\_\_ Fax Number \_\_\_\_\_ \*Parish Project Is Located \_\_\_\_\_

\*Ownership Type:  Corporation  Limited Liability  General Partnership  S-Corporation  
 Limited Partnership  Non-Profit Organization

\*Has another location within the state been closed or lost employment as a result of this project?  Yes  No  
 If **yes**, attach a separate sheet listing the location(s) and number of employees lost at each location.

\*Has there been a previous Enterprise Zone contract at this location?  Yes  No

\*A copy of the Louisiana Department of Revenue Sales Tax Certificate showing the Project Address **must** be provided.

### BUSINESS IDENTIFICATION INFORMATION

NAICS Code \_\_\_\_\_ LA Dept of Revenue # \_\_\_\_\_ Unemployment # \_\_\_\_\_

### GAMING

**The Board of Commerce and Industry has adopted rules prohibiting any gaming on the on the site or related to the operation of a business participating in one of the incentive programs.**

\*Has the applicant or any affiliates received, applied for, or considered applying for a license to conduct gaming activities?  Yes  No

If **yes**, attach a detailed explanation, including the name of the entity receiving or applying for the license, the relationship to the applicant if an affiliate, the location, and the type of gaming activities.

### PROJECT INFORMATION

\*Project Type:  Start-up/New  Addition  Expansion

Description of applicant business \_\_\_\_\_

\*Provide a description of this project. \_\_\_\_\_

### PROJECT DATES AND INFORMATION

\*Beginning Date \_\_\_\_\_ \*Ending Date \_\_\_\_\_

CT \_\_\_\_\_ BG \_\_\_\_\_

**PRO FORMA ESTIMATES**

Year	Net New Annual Permanent Jobs	Gross Payroll for Net New Permanent Jobs
20 ____		\$
20 ____		\$
20 ____		\$
20 ____		\$
20 ____		\$
<b>*Total</b>		

Investments Costs		Number of Jobs		Payroll	
*Building & Material	\$	*Existing Jobs			
*Machinery & Equipment	\$	Number of employees transferred from an affiliate			\$
*Labor & Engineering	\$	*Construction Jobs <small>(Number of workers had a job because of this project.)</small>		*Construction	\$
<b>*Total Investment</b>	<b>\$</b>				

**BUSINESS STRUCTURE INFORMATION PRO FORMA**

**SCHEDULE 1-**Legal name, as registered with LA Secretary of State, and LA Dept of Revenue tax identification number for owners using the Job Tax Credits. Do not list the Contract holder. Attach sheets if additional space is needed.

LEGAL NAME	LOUISIANA IDENTIFICATION NUMBER

**SCHEDULE 2-**Affiliates of the Contract holder that made purchases for this project. (Do not list your construction contractors.)

LEGAL NAME	LOUISIANA IDENTIFICATION NUMBER

**SCHEDULE 3-**Affiliates of the Contract holder reporting depreciable assets on their federal tax return.

LEGAL NAME	LOUISIANA IDENTIFICATION NUMBER

