



For Office Use Only	
Deposit Date	
Deposit #	
Check #	
Check Amt.	
Initials	

## Quality Jobs Additional Period - Sales and Use Tax / ITC ADVANCE NOTIFICATION

Date \_\_\_\_\_

Contract # \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_ NAICS Code \_\_\_\_\_

Project Beginning Date \_\_\_\_\_ Project Ending Date \_\_\_\_\_

Project Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

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

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

Parish \_\_\_\_\_

Is this project within city limits?  Yes  No

Estimated Investments Costs		Estimated Number of Jobs during this project period		Estimated Payroll	
Building & Material	\$	New		New	\$
Machinery & Equipment	\$	Existing (including statewide affiliates)		Existing	\$
Labor & Engineering	\$	Construction		Construction	\$
<b>Total Investment</b>	<b>\$</b>				<b>\$</b>

**Supplemental Questions**

1. Is there gaming activity at this project site, or are any owners involved in gaming activities elsewhere?  Yes  No
2. Has the applicant filed the annual certification reports for all fiscal years since the contract effective date?  Yes  No
3. Has the applicant ever applied for or received Sales and Use Tax Rebates or the Investment Tax Credit as they relate to the above reference contract? (If yes, answer a. and b. below)  Yes  No
  - a. Were the Employee Certification Report(s), Project Completion Report(s) and Affidavit(s) of Final Cost submitted to LED for all filing periods?  Yes  No
  - b. Have they been processed and approved by LED?  Yes  No
4. Has the business or an affiliate business location within the state closed or reduced employment within the immediate 12 months prior to the project date?  Yes  No  
*If yes, provide a list of the location(s), number of employees lost at each location and the date closed including UI#'s.*

\* **Note:** Application and fee must be filed within 90 days after completion of the project.

**CONTACT INFORMATION**

Contact Type (Must have legal authority to sign):  Business  Consultant

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Contact's Company name \_\_\_\_\_ Title \_\_\_\_\_

Has the contact information changed for this contract?  Yes  No

If yes, please provide an updated disclosure authorization with this advance notification.

\_\_\_\_\_  
Company Official Signature

\_\_\_\_\_  
Print Official Name and Title

Amount Due: \$100.00

\*Make check payable to Louisiana Economic Development Mail to: P.O. Box 94185, Baton Rouge, LA 70804-9185