

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

Quality Jobs Program Application

PLEASE TYPE (All fields required)

Application/Advance Number: _____

BUSINESS INFORMATION

*Business Name _____ *Year Established in Louisiana _____

*Physical Address1 _____

Physical Address2 _____

*City _____ *State _____ *Zip Code _____

*Mailing Address1 _____ Mailing Address 2 _____

*City _____ *State _____ *Zip Code _____

*Phone Number _____ Ext _____ Fax Number _____

Website Address (optional) _____

*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? Yes No
If yes, attach a separate sheet listing the location(s) and number of employees lost at each location.

*Is this company affiliated through common ownership with any other company doing business in Louisiana? Yes No
If yes, list ownership by name and percentage of ownership.

*Were any employees (used as new direct jobs) previously on the payroll of any business operating at this location? Yes No
If yes, attach a detailed explanation of the business, activity and the number of employees.

*Were any employees (used as new direct jobs) previously on the employer's payroll in Louisiana or on the payroll of the employer's parent entity, subsidiary, or affiliate in Louisiana? Yes No
If yes, attach a detailed explanation and the name of the employees and job title.

*Are any new direct jobs a result of job shifts due to the gain or loss of an in-state contract to supply goods or services? *If yes, attach a detailed explanation and list of jobs and employee names.* Yes No

*Has the applicant or any affiliates received, applied for, or considered applying for any other state incentives programs? *If yes, attach a separate list indicating any such incentives/program(s)?* Yes No

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

*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.

BUSINESS IDENTIFICATION INFORMATION

*Federal Tax ID _____ *NAICS Code (assigned by La. Workforce Comm.) _____

*Department of Labor Unemployment Insurance ID _____ *Department of Revenue ID _____

*Name of Health Insurance Plan _____ *Month Fiscal Year Ends _____

PROJECT INFORMATION

*Project Type: Start-up/New Addition Expansion

Project Name: (Optional) _____

*Provide a description of this project. _____

*Parish _____ Municipal District (If Orleans parish) 1 2 3 4 5 6 7

*Is this project within city limits? Yes No

*NAICS Code (assigned by and registered with the Louisiana Workforce Comm.) _____

ESTIMATED PROJECT DATES AND INFORMATION

*Beginning Date (Contract Start Date) (mm/dd/yy) _____ *Project Ending Date (mm/dd/yy) _____
 (Contract start date **cannot** be prior to the date Business Incentives received the advance notification and fee)

Estimated Investments Costs		Estimated Number of Jobs		Estimated Payroll	
*Building & Material	\$	*New		*New	\$
*Machinery & Equipment	\$	*Existing		*Existing	\$
*Labor & Engineering	\$	*Contract		*Contract	\$
		*Construction		*Construction	\$
*Total Investment	\$	*Transferred from another La. location		*Total Payroll	\$
*Total Investment	\$	*Total Jobs		*Total Payroll	\$

CONTACT INFORMATION

*Contact Type: Business Consultant Other

*Prefix _____ * First Name _____ MI _____ *Last Name _____ Suffix _____

*Contact Person's: Company name _____

*Contact Person's: Title _____

*Mailing Address1 _____ Mailing Address2 _____

*City _____ *State _____ *Zip Code _____ - _____

*Phone Number _____ Ext _____ Fax Number _____

*Email Address _____

QUALITY JOBS PRO FORMA – EMPLOYMENT/TAXES

*Year	*Number of New Direct Jobs created (annually)	*Annual Gross Payroll (For each Year New Direct Jobs)	*Cumulative Annual Gross Payroll (Include 2% cumulative increase annually)
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
20__		\$	\$
Total (sum of columns)		\$	\$

QUALITY JOBS FEES

Estimated Payroll Tax Benefit	Estimated Sales Tax Rebate Or Investment Tax Credit
*Estimated 10 Year Payroll Rebates _____	*Estimated State Sales/Use Tax Rebate _____ (Or Estimated Investment Tax Credit)
* X Benefit Rate <u>0.06</u>	*+ Estimated Local Sales/Use Tax Rebate _____
* = Estimated Payroll Tax Benefits (a) _____	= Total Estimated Tax Rebate/Credit (b) _____

APPLICATION FEE: \$200 (minimum) --- \$5,000 (maximum)

*Estimated Payroll Tax Benefit :	(a) _____
+ *Estimated Tax Rebate/Credit:	(b) _____ = (c) _____
(c) _____ X *Percentage Due (2/10%) <u>.002</u> = *Application Fee _____	
(Make payable to Louisiana Economic Development)	

An incomplete application or an application without the proper fee will not be processed

CERTIFICATION

Must have legal authority to sign this application

The undersigned authority hereby certifies:

That _____ he/she is _____
Name Title

of _____ has examined the information contained in this application and
Company

Certifies that the information given to be true and correct to the best of their knowledge,

Original Signature

Printed Name