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1051 North Third Street  
Baton Rouge, LA 70802

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## Industrial Ad Valorem Tax Exemption Program Application

For more information, visit [www.LouisianaEconomicDevelopment.com](http://www.LouisianaEconomicDevelopment.com).

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

**PLEASE TYPE**

(Application cannot be processed if required information is not provided).

**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

<b>COMPANY NAME</b>		
<b>PHYSICAL ADDRESS</b> (Actual Location of Louisiana Manufacturing Site)	<b>CITY</b>	<b>ZIP</b>
<b>LOUISIANA UNEMPLOYMENT ID #</b>	<b>NAICS CODE</b> (as assigned by LA Workforce Commission)	<b>PARISH</b>
<b>PRODUCT MANUFACTURED</b> (REQUIRED)		
<b>MANUFACTURING PROCESS:</b> (REQUIRED. If more space is needed, attach a separate sheet)		
<p><b>The Board of Commerce and Industry has adopted rules prohibiting any business engaged in or owned by someone engaged in gaming from being eligible to participate in the Incentives Programs.</b></p> <p>*Has the applicant or any affiliates received, applied for, or considered applying for a license to conduct gaming activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes,</b> 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.</p>		

### 2. PROJECT INFORMATION

<b>TYPE OF PROJECT:</b>		
<input type="checkbox"/> <b>START-UP/NEW</b> plant	<input type="checkbox"/> <b>ADDITION</b> to an existing plant	<input type="checkbox"/> <b>MISCELLANEOUS CAPITAL ADDITION</b>
<b>JOBS, DATES, AND PAYROLL FOR THIS PROJECT</b> (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: _____	<b>PROJECT INVESTMENT:</b>  Total Building \$ _____ Total Equipment (+) \$ _____ Total Labor & Engineering (+) \$ _____ Total Investment (=) \$ _____ Less: Restricted Amount (-) (Obsolete Equipment) \$ _____ <b>Investment Amount (=)</b> \$ _____ (To be Considered for Exemption)	
<b>PROJECT NAME AND DESCRIPTION:</b> (If more space is required, attach a separate sheet – this is to identify what is being built/installed or upgraded)		

### 3. COMPANY CONTACT

### 4. APPLICATION FEE CALCULATION

<b>Company Representative:</b> _____ <small style="margin-left: 100px;">Name of person to contact in reference to this application</small> <b>Title:</b> _____ <b>Company Name:</b> _____ <b>Mailing Address:</b> _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>E-Mail Address:</b> _____	<table style="width: 100%;"> <tr> <td style="width: 60%;">Investment Amount</td> <td style="width: 40%;">\$ _____</td> </tr> <tr> <td>Effective Tax Rate <sup>1</sup></td> <td>x _____</td> </tr> <tr> <td>2/10 %</td> <td>x <u>0.002</u></td> </tr> <tr> <td><b>Application Fee</b></td> <td><b>\$ _____</b></td> </tr> </table> <p><small><sup>1</sup> 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.</small></p> <p><b>Minimum fee - \$200      Maximum fee - \$5,000</b></p>	Investment Amount	\$ _____	Effective Tax Rate <sup>1</sup>	x _____	2/10 %	x <u>0.002</u>	<b>Application Fee</b>	<b>\$ _____</b>
Investment Amount	\$ _____								
Effective Tax Rate <sup>1</sup>	x _____								
2/10 %	x <u>0.002</u>								
<b>Application Fee</b>	<b>\$ _____</b>								
<b>RETURN THE ORIGINAL AND ONE COPY, WITH THE REQUIRED FEE</b>	<b>FOR ASSISTANCE CONTACT:</b> Lori Weber - (225) 342-6442 <a href="mailto:Lori.Weber@la.gov">Lori.Weber@la.gov</a>								

**COMPANY NAME:** \_\_\_\_\_

**PROJECT NO.** \_\_\_\_\_

Note: The following information is required on all purchases: (1) Name of supplier or contractor; (2) Description of Equipment (include the manufacturer's name) or service; (3) Cost of the item.

**5. BREAKDOWN OF PURCHASES**

**Listing of Supplies, Equipment and Services**

Attach your spreadsheets to this document; for buildings, please use dimensions of facility

<b>VENDOR</b>	<b>DESCRIPTION OF ITEM</b> (Include Manufacturer)	<b>COST</b> (In Whole \$'s)

TOTAL BUILDING	\$ _____
TOTAL MACHINERY & EQUIPMENT	\$ _____
TOTAL LABOR & ENGINEERING	\$ _____
TOTAL AMOUNT	\$ _____

**CERTIFICATION**

I, \_\_\_\_\_,  
Company Official

Hereby certify that I am \_\_\_\_\_ of \_\_\_\_\_,  
Title Company Name

And I hereby verify that this Certification is made for the specific purpose of attesting that hiring or construction began / will begin on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that all construction shown in this application will be completed on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that operation of these constructed facilities covered in this application will begin on or about the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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.

I have examined the information contained in this application and found the information given to be true and correct to the best of my knowledge.

By:

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