

# 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  
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[www.lded.state.la.us](http://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 \_\_\_\_\_

PARISH \_\_\_\_\_

MAYOR (If no Mayor, write "NONE") \_\_\_\_\_

MUNICIPAL DISTRICT (Orleans Parish Only) \_\_\_\_\_

PRODUCT MANUFACTURED \_\_\_\_\_

SIC CODE \_\_\_\_\_

**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:

- This is a NEW plant  
 This is an ADDITION to an existing plant  
 This is a MISCELLANEOUS CAPITAL ADDITION

### LOUISIANA LEGISLATORS SERVING THIS PLANT SITE:

State Representative \_\_\_\_\_ District # \_\_\_\_\_  
 State Senator \_\_\_\_\_ District # \_\_\_\_\_

### 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)

**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 <sup>1</sup> x \_\_\_\_\_  
 2/10 % x 0.002  
 Application Fee \$ \_\_\_\_\_

<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.

**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](mailto:jernigan@lded.state.la.us)

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

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

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**  
(Please make copies if additional pages are needed)

VENDOR	DESCRIPTION OF ITEM (Include Manufacturer)	COST (In Whole \$'s)

TOTAL BUILDING, MACHINERY & EQUIPMENT \$ \_\_\_\_\_

TOTAL LABOR & ENGINEERING \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

# 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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