

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

RESTORATION TAX ABATEMENT APPLICATION

APPLICATION NO. _____

1. PROPERTY INFORMATION		
Company or Property Owner's Name		
Property Street Address	City	Zip Code
Parish (If Orleans, also state Municipal District)	Parish Assessor's Name	

2. PROPERTY USAGE			
Is this Residential Property <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No	Rented Or Leased <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Structure Built
In which type of District is your Project located? (Check One)			Name of Historic District
<input type="checkbox"/> Downtown Development District <input type="checkbox"/> Economic Development District <input type="checkbox"/> Historic District			
Use of Structure	Current or Prior Use	Gross Square Footage Before Project	
	Proposed Use	Gross Square Footage After Project	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is your building listed or pending being listed on the National Register of Historic Places? If Yes, Year Listed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Will it be eligible for Federal Historic Preservation Tax Incentives?			

3. PROPERTY TAX	
\$	Current assessed value of property to be considered for tax abatement
\$	Amount of Ad Valorem (Property) Taxes paid on this property for the prior year, before construction
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have Ad Valorem Taxes been paid on this property on the basis of an assessed valuation that reflects the improvements made by this Project?

4. PROJECT INFORMATION			
Project Is : <input type="checkbox"/> Restoration <input type="checkbox"/> Expansion <input type="checkbox"/> Improvement <input type="checkbox"/> Development			
Estimated Construction Dates: Beginning / / Ending / /		Estimated Building & Materials	\$
		Estimated Machinery & Equipment	\$
<u>Estimated Number of Jobs & Payroll \$</u>			
# New Jobs/ New Jobs Payroll	# Construction Jobs/ Payroll	Estimated Labor & Engineering	\$
		Estimated Grand Total Investment of Project	\$
Please explain the Project in detail. Attach additional pages if necessary.			

5. GAMING

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 programs.

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

If yes, attached 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.

6. Contact

Name And Title Of Contact Person

Company Name

Mailing Address

City

State

Zip Code

Office Phone No.

()

Fax No.

()

Email Address (mandatory)

7. CERTIFICATION

The undersigned authority hereby certifies: That _____ is _____
Name Title

of _____. 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.

_____, _____ (date)

 Company Official Signature

 Company Official Printed Name

NOTICE:

- 1. All requested information must be provided or the application will be returned without processing.**
- 2. Provide one (1) original and three (3) copies of the application.**
- 3. Copies of this document are accepted as long as the necessary original signatures are provided on each copy.**
- 4. Submit 4 sets of ALL DOCUMENTS in the order on the "RTA Application Checklist."**
- 5. Submit "Application Fee Worksheet" with check (in whole dollars) made payable to "Louisiana Economic Development."**

Mail to:

**Louisiana Economic Development
 Business Incentives
 P.O. Box 94185
 Baton Rouge, LA 70804-9185**