

**MISSISSIPPI TOURISM REBATE
PROGRAM**

APPLICATION

**Application for
Mississippi Tourism Tax Rebate Program**

Date of Application

1. Project Type:

- Tourism Attraction
- A hotel with a minimum private investment of \$40,000,000 and \$150,000 per guest room
- A public golf course with a minimum private investment of \$10,000,000

2. Developer Information:

Corporate Name/Business Name

Mailing Address

Contact Person

Telephone

Fax

E-Mail Address

Project Address

Federal Employer ID Number _____ **Industry Code** _____

3. Business Entity Structure:

- Corporation Subchapter S Subchapter C Partnership
 Proprietorship Limited Liability Partnership
 Limited Liability Company Non-Profit Corporation
 Other Explain: _____

Date Business Established: _____ **Company's Fiscal Year:** _____

State of Corporation: _____ **Date Incorporated:** _____

Registered Agent Name/Address:

4. Does the Developer anticipate applying for any other incentives for the Project?

- Yes No

If yes, please indicate program, agency, amount, and approximate date:

5. **Company Ownership:** *Please identify all owners of the company. For subsidiaries, identify owners of the parent company; for a public company, indicate publicly traded. A separate sheet may be attached.*

Name	Address	Phone	Social Security Number	Percent(%)
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6. **If any of the parties listed in #5 have ever been convicted of any criminal offenses, been in receivership or adjudicated a bankruptcy, been denied a business related license or had it suspended or revoked by any administrative, governmental or regulatory agency, please list violation and explain:**

7. **Person to Review Legal Documents:**

Contact Person	Position
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Mailing Address

E-Mail Address _____

Proposed Tourism Attraction Financing

Source:

Bank Loan \$ _____

Bond Issue \$ _____

Other: _____ \$ _____

Equity \$ _____

Total Sources of Funds \$ _____

Project Start Date _____

Anticipated Project Completion Date _____

10. Employment Projections:

	FULL TIME	PART TIME
New Jobs Created 2 Years After Completion		

*Full Time Equivalents = 1750 or more hours worked per annum

11. Provide projected attendance figures for first five years upon completion of the tourism project:

Year	In-State Visitors	Out-of-State Visitors	Total Visitors	Percentage Out-of-State

What method did you use to arrive at these projections?

12. Will operation be open: **full year** **seasonal** **scheduled events**

If seasonal or scheduled events, how many days a year will tourism attraction project be open to the public? _____

13. Please provide the following annual estimates for the first ten years of operation of the tourism project.

EMPLOYMENT		
YEAR	NEW HIRE	ANNUAL PAYROLL

What method did you use to arrive at these projections?

Certification of Application

I, the undersigned on behalf of the applicant, hereby represent and certify that the foregoing Application information, including all Attachments, to the best of my knowledge, is (a) true, complete and accurate with respect to the information concerning the proposed tourism project for which financial incentives are being sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest.

The undersigned, on behalf of the applicant, hereby represent and certify that no business, corporation, or entity having a gaming license under Section 75-76-1 et. Seq., Mississippi Code of 1972 has a direct or indirect interest in the tourism project for which this application is made.

The undersigned, on behalf of the applicant, acknowledges that information contained within the application and its attachments may be subject to review by the Mississippi Development Authority (“MDA”) and also by members of the public after proper notice is given to you pursuant to the Mississippi Public Records Act of 1983 or other applicable law.

Signature

Print Name

Title

Date

ATTACHMENTS TO THE MISSISSIPPI TOURISM INCENTIVE PROGRAM

Two copies of the Application (including Attachments) should be mailed to:

**Financial Resources Division
Tourism Rebate Program
Mississippi Development Authority
Post Office Box 849
Jackson, MS 39205
Telephone: (601) 359-2150**

Provide the following attachments with the Application:

- 1. Business Plan, including a business history, description, location, and timetable for the tourism project.**
- 2. Business Financial Information, including:**
 - Last three years' financial statements.
 - Last three years' tax returns unless audited financial statements are provided.
 - Interim financial statement completed within the past 90 days.
 - Projections (quarterly income statement, balance sheet, capital expenditures, and cash flow for three years, along with any relevant assumption or notes) for proposed new project.
- 3. Provide a detailed description of your marketing plan, including:**
 - The proposed advertising budget for the first five years and the percent that will be in-state and out-of-state advertising?
 - The types of media to be used and their percentages based on an annual average expenses.
 - The primary markets from which the tourism project will draw customers.
- 4. Estimate the amount of revenue subject to Mississippi sales tax for the first ten years upon completion of the tourism project.**
- 5. Estimate revenue from the tourism project subject to Mississippi sales tax by the following categories: admission, food & merchandise, and lodging.**
- 6. Provide a copy of the resolution of the Local Governmental Unit showing support for the tourism project and acknowledging that sales tax collected from the facility will be diverted to the Sales Tax Incentive Fund for a period of up to ten years.**