

**MISSISSIPPI TOURISM INCENTIVE
PROGRAM**

APPLICATION

**Application for
Mississippi Tourism Incentive Program
Tax Refund Program**

Date of Application

1. Check appropriate box for tourism attraction project

- Campground
- Theme Park
- A cultural or historical site;
- A recreational or entertainment facility;
- An area of natural phenomenon or scenic beauty;
- An amusement or entertainment park;
- An indoor or outdoor play or music show;
- Botanical gardens;
- Cultural or educational centers
- Other: _____

2. Developer Information:

Corporate Name/Business Name

Mailing Address

Street and P. O. Box City County State Zip Code

Contact Person

Telephone

Fax

Email Address

Project Address

Street City County State Zip Code

Federal Employer ID Number Mississippi Employer ID Number SIC Code

3. Taxpayer/Employer Organization:

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 the major owners of the company. Include all owners with 20% or more interest in the company. For subsidiaries, identify owners of the parent company; for a public company, indicate publicly traded.*

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:**

Company Attorney

Contact Person

Street or P. O. Box

City

State

Zip Code

Telephone _____

Fax _____

Email _____

8. Project Financial Information:

Estimated Project Costs

Land	\$ _____
Building (new construction/additions)	\$ _____
Improvements (existing buildings)	\$ _____
Equipment	\$ _____
Exhibits	\$ _____
Building Fixtures	\$ _____
Architectural & Engineering	\$ _____
Public Infrastructure	\$ _____
Other _____	\$ _____
_____	\$ _____
Total Project Costs	\$ _____
Mississippi Development Authority Sales Tax Refund Requested	\$ _____

Tax refund cannot exceed 35% of total project costs.

Proposed Project Financing

Source:

Bank Loan \$ _____

Bond Issue \$ _____

Other: _____ \$ _____

Equity \$ _____

Total Sources of Funds \$ _____

Project Start Date _____

Anticipated Project Completion Date _____

9. Employment Projections:

	FULL TIME	PART TIME
Current Number of jobs at project location		
New Jobs Created 2 Years After Project Completion		
TOTALS		

*Full Time Equivalent = 1750 hours worked per annum

10. Provide projected attendance figures for first five years upon completion of the 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?

11. 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?

12. Please provide the following annual estimates for the first ten years of project operation. If the project is an expansion, include estimates only for the expansion, not the existing operation

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 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, 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

ATTACHMENT TO THE MISSISSIPPI TOURISM INCENTIVE PROGRAM

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

**Financial Resources Division
Mississippi Development Authority
Post Office Box 849
Jackson, MS 39205
Telephone: (601) 359-3552**

Provide the following attachments with the Application:

- 1. Business Plan**
 - a) Business history
 - b) Description, location of and timetable for project

- 2. Business Financial Information**
 - a) Last three years' financial statements.
 - b) Last three years' tax returns unless audited financial statements provided.
 - c) Interim financial statement within 90 days.
 - d) Projections (quarterly income statement, balance sheet and cash flow for three years, plus assumption/notes) for proposed new project. For an existing tourism attraction planning an expansion, projections with and without proposed expansion.

- 3. Marketing Plans: Provide a detail description of your marketing plan. Include information on the following:**
 - What is proposed advertising budget for first five years and what percent will be in-state and out-of-state advertising?
 - Identify the types of media you plan to use and their percentages as based on an annual average expenses.
 - Identify the primary markets from which your project will draw customers.

- 4. Estimated the amount of revenue subject to Mississippi sales tax for the first ten years upon completion of your project.**

- 5. Estimated revenue from the Project subject to Mississippi sales tax by the following categories: admission, food & merchandise, and lodging.**

- 6. Provide a letter from the Local Government Unit showing support for the Project and participation under the Mississippi Tourism Incentive Program.**

7. **If the Company is a entity which has a gaming license or is applying for a gaming license under Section 75-76-1 et seq. Mississippi Code of 1972, a letter must be provide by the Mississippi Gaming Commission addressing that the Project is in excess of the capital investment required by their agency.**