Memo

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To:	Henry Jones
From:	Jimmy McKinnon
Date:	December 8, 1998
Subject:	Enterprise Zone

The Arkansas Enterprise Zone is no longer applicable. It has been replaced by Advantage Arkansas Program. Attached is a copy of the proposed application, resolution, and project plan.

There is another program called Invest Arkansas. And attached is documentation regarding that program. If you need additional information, please contact me.

CC: Mayor

Applicati Advantag	ge Arkansas Program	OFFICE USE ONLY Project Number
Applicant	Name of Company/Corporation	
	Principal Mailing Address	City/State/Zip
	Physical Location	City/State/Zip
	Name and Title of Company Contact	Phone
	If company is filing for tax credit under a different name, ples	ase give complete name.
Taxpayer	Name of Individual or Company/Firm	Phone
Consultant	Mailing Address	City/State/Zip
	Name of Contact Person	Phone (Please list 800 number if available)
Project Cost Estimate	This application MUST include a project plan. LandS BuildingsS EquipmentS * OtherS	
	TOTALSSS	
-	loyers Federal I.D. Number —	
Average hour	yment Projected number of net new permanent employees \$ Note: To qualify for t ss MUST hire the requisite number of new permanent employee	he sales and use tax refunds and income tax
NOTE: Infor (DF&A). 1f S not receive a	FICATION (Must be included) mation contained in this application is subject to audit by the SIC Classification is found to be inaccurate and does not quali ny benefits under the program. wincipal business activity, products manufactured, etc.	

Information for Income Tax Exemption:				
Ownership of your business: (please	check all appropr	riate boxes)		
Individual	Fiduciary	1	Partnership	
Taxable Corporation	Small Bu	isiness Corpoi	ration 🗌 LLC	
Owner's Name(s)		Percent Ownership	Social Security Number or Corporate Tax I.D. Number	
When does your tax year end?			J	
BEFORE ME, the unde		(Nam	e of Company Official)	_
BEFORE ME, the under personally came and appeared and bein (Title)		(Nam did depose a		_
personally came and appeared and bein	ng duly sworn o	(Nam did depose a (Com	and say that he/she is	 use two
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(Title) This affidavit is made for the specific p pages is true and correct.	ng duly sworn o of ourpose of verif	(Nam did depose a (Com fying that th Signa	and say that he/she is pany Name) the information contained in the sture of Company Official	

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SUBMIT TO: Incentives Coordinator, Arkansas Economic Development Commission, One State Capitol Mall, Little Rock, AR 72201

Sample Resolution

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RESOLUTION No.

RESOLUTION OF THE (governing body of municipality of county in whose jurisdiction the facility is located) **OF** (name of city or county) **CERTIFYING LOCAL GOVERNMENT ENDORSEMENT OF BUSINESS TO PARTICIPATE IN THE ADVANTAGE ARKANSAS PROGRAM (ALSO KNOWN AS THE ARKANSAS ENTERPRISE ZONE PROGRAM - ACT 947 OF 1993).**

WHEREAS, the local government must endorse a business to participate in the Advantage Arkansas Program and benefit from the refunds/tax credits as provided in the Arkansas Enterprise Zone Program Regulations of 1993; and

WHEREAS, said endorsement must be made on specific form available from AEDC; and

WHEREAS, (name of company) located at (physical location of business) has sought to participate in the program and more specifically has requested benefits accruing from (expansion'construction) of the specific facility; and

WHEREAS, (<u>name of company</u>) has agreed to furnish the local government all necessary information for compliance.

NOW THEREFORE BE IT RESOLVED BY THE (governing body of municipality or county) OF (name of city or county), ARKANSAS, THAT:

- 1. (<u>name of company</u>) be endorsed by the (<u>city/county</u>) of (<u>name of city or county</u>) for benefits from the refunds/tax credits as provided in the Arkansas Enterprise Zone Program Regulations of 1993, through June 30, 2001.
- 2. the Department of Finance and Administration be authorized to refund local sales and use taxes to (name of company) (OPTIONAL).

3. this resolution shall take effect immediately.

(title of head of governing body)

Date Passed:

Attest:

Clerk

Instructions for Preparing a Project Plan

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PROJECT PLAN

If applying for sales and use tax credit, the application for the Advantage Arkansas Program must be accompanied by a brief project plan with information needed to determine the purpose of the project.

The project plan should include, but is not limited to, the following items;

1. Project Description:

A narrative describing the purpose and description of the project such as;

- a. construction of a new plant or facility; or
- b. expansion of an established plant or facility by adding to the building or production equipment or support infrastructure; or
- c. replacement of production or processing equipment or support infrastructure.
- 2. Cost Breakdown:

Provide cost estimates for each general category of items such as; processing machinery, packaging machinery, computers, boilers, structures, storage facilities, conveyors, etc. These need not be item-by-item lists; they can be grouped into related categories as long as they can be identified for auditing purposes.

If you have any questions about the Advantage Arkansas Program and the approval process, call Becky Rheinhardt (501) 682-7310. If you have questions on the year-end filing and tax credits and refunds, please call Mr. Michael Almond with the Tax Credit Section, Department of Finance and Administration in Little Rock at (501) 682-7106.