

Apportionment by Sales Factor Application

Name of Business Unit Applying

Send to:

Florida Department of Economic Opportunity
Division of Strategic Business Development
107 East Madison Street
Mail Station 80, Caldwell Building
Tallahassee, FL 32399
Phone: (850) 717-8960

FOR DSBD USE ONLY	
Date Received	Date Considered Complete
Project Number	

Apportionment by Sales Factor Application

1. Applicant Information			
A. Name of Applicant:			
Mailing Address:			
City:	State:	Zip Code:	
B. Primary Applicant Contact:			
Mailing Address:			
City:	State:	Zip Code:	
Title:	Phone Number:		
Email:	Fax Number:		
C. Applicant's Federal Employer Identification Number:			
D. NAICS Code(s):		Industry Description(s):	
E. Please list and describe business activities:			
F. What is the Applicant's tax year (ex. Jan. 1 through Dec. 31):			
G. Has this Applicant or any related entities, applied for and/or been approved for State of Florida incentives in the past?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
H. Does the Applicant already receive federal or state tax refunds, credits, or exemptions on capital investment made?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
I. Has the Applicant applied for this program previously?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
J. Please state the total amount of Qualified Capital Expenditures: \$ _____			

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2. Qualified Capital Expenditures Overview

A. Attach documentation to verify the expenditures were made in Florida for purposes substantially related to the Applicant's production or sale of goods or services. The expenditures must fund the acquisition of additional real property (land, buildings, including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs, and renovations to real property which materially extend its useful life or materially improve or change its functional use and the furniture and equipment necessary to furnish and operate a new or improved facility.

B. List the amount and type of Qualified Capital Expenditures made by the applicant in the State of Florida:

Category:	Year 1 _____	Year 2 _____
Land/ Building Purchases	\$	\$
Construction / Renovations / Repairs	\$	\$
Manufacturing Equipment	\$	\$
R&D Equipment	\$	\$
Other Equipment (computer equipment, office furniture, etc.)	\$	\$
Capital Investment by Year	\$	\$

3. Request for Confidentiality

You may request that your project information (including information in this application) be confidential pursuant to Section 288.075, Florida Statutes, Confidentiality of Records, for a 12 month period, with an additional 12 month extension available upon request for projects still under consideration.

Please indicate your confidentiality preference:

- Yes
 No

(Should you select yes, please provide a written request, on company letter head, and signed by an authorized company official, indicating that the information submitted in the Application concerns the plans, intentions, or interests of such private corporation, partnership, or person to locate, relocate, or expand any of its business activities in Florida should be confidential and exempt from s. 119.07(1), Florida Statutes and s. 24(a), Art. I of the State Constitution for 12 months after the date an economic development agency receives a request for confidentiality, or until the information is otherwise disclosed, whichever occurs first.)

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4. Key Program Information

- Applicants should review *Section 220.153, Florida Statutes* before submitting an application.
- The following entities are ineligible for this program: financial organizations as defined in 220.15(6) or a bank, saving association, international banking facility, or banking association as defined in s. 220.62.
- The term "Qualified Capital Expenditures" does not include an expenditure for a passive investment, the accumulation of reserves or the realization of profit for distribution to stakeholders of the business, or expenditures to acquire an existing business, or expenditures in excess of \$125 million to acquire land or buildings.

I certify that the information contained herein and any attachments is true and accurate.

Signature (Authorized Company Officer) REQUIRED

Date

Printed Name and Title of Authorized Officer

Name of Business Unit

The application must be submitted under oath pursuant to s. 220.151(3)(a)2. The following notarial certificates are sufficient for the purposes indicated, if completed with the information required by s. 117.05.

For an oath or affirmation:

STATE OF FLORIDA

COUNTY OF

Sworn to (or affirmed) and subscribed before me this day of , (year) , by (name of person making statement) .

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced

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Form DSBD 152-2

Rule 73A-4.001, F.A.C.

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