

# Manufacturing and Spaceport Investment Incentives Program

## Phase 1 Allocation Application

Applications for allocation will be accepted by DSBD starting  
January 1, 2012 for FY 2011-12, and January 1, 2013 for FY 2012-13.

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Name of Business Unit Applying

Send to:

Florida Department of Economic Opportunity  
Division of Strategic Business Development  
400 South Monroe Street  
The Capitol, Suite 2001  
Tallahassee, FL 32399-0001  
Phone: (850) 717-8960

FOR DSBD USE ONLY	
Date Received	Date Considered Complete
Project Number	

*Applicant must be a business unit or reporting unit of a business unit that is or will be registered with the State of Florida for unemployment compensation purposes.*

# Manufacturing and Spaceport Investment Incentives Program: Allocation Application

1. Business Information	
<b>A. Name of Business Unit:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	
<b>B. Primary Business Unit Contact:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	
<b>Title:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Fax Number:</b>
<b>C. Business Unit's Federal Employer Identification Number:</b>	
<b>D. Business Unit's Unemployment Compensation Number:</b>	
<b>E. Business Unit's Florida Sales Tax Registration Number:</b>	
<b>F. NAICS Code<sup>1</sup>:</b>	<b>Industry Description:</b>
<b>G. Please list and describe the business activities:</b>	
<b>H. What is the business unit's tax year (ex. Jan. 1 through Dec. 31):</b>	
<b>I. Has this business unit or any related entities, applied for and/or been approved for State of Florida incentives in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain:</b>	
<b>J. Does the business unit already receive federal or state tax refunds, credits, or exemptions on capital investment made?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain:</b>	
<b>K. Please check one of the following as it relates to the type of business the applicant engages in:</b>	
<input type="checkbox"/> Manufacturing, processing, compounding or producing items for sale of tangible personal property <input type="checkbox"/> Spaceport activity <input type="checkbox"/> Phosphate or other solid minerals severance, mining or processing	
<b>L. Has the business unit applied for this program previously?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>M. Please state the total amount of expenditures on eligible equipment by the business unit applying, for the business unit's tax year beginning in 2008. (Please only include the cost of equipment. Shipping and freight costs are not considered in the base amount. Tax exempt equipment should also not be considered).</b>	
<b>With Tax:</b>	<b>Without Tax:</b>

<sup>1</sup> North American Industry Classification System (NAICS) code may be verified with the Florida Department of Economic Opportunity, Division of Workforce Services and with the Florida Department of Revenue (FDOR). Failure of the NAICS code to match as previously reported to Division of Workforce Services and FDOR shall result in denial of the application.

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## 2. Capital Investment Overview

**A. Describe the capital investment in real and personal property.** (Examples: upgrading, replacing, or buying new equipment.):

**B. List the anticipated amount and type of major capital investment to be made by the applicant in connection with this project:**

<b>Category:</b>	<b>State Fiscal Year 2011-12</b>
Construction / Renovations	\$
Manufacturing Equipment	\$
R&D Equipment	\$
Spaceport Equipment	\$
Mineral Mining or Processing Equipment	\$
<b>Capital Investment by Year</b>	<b>\$</b>
<b>Total Capital Investment (all years)</b>	

## 3. Request For Confidentiality

**A. You may request that your project information (including information contained in this application) be confidential per F.S. 288.075, 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 letter head, and signed by an authorized company official, indicating how the information held concerns plans, intentions, or interests of such private corporation, partnership, or person to locate, relocate, or expand any of its business activities in this state should be confidential and exempt from s. [119.07\(1\)](#) 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 288.1083, Florida Statutes* before submitting an application.
- The following entities are ineligible for this tax refund: electric utility companies, communication companies, oil or gas exploration or production operations, publishing firms that do not export at least 50% of their finished product out of Florida, firms subject to regulation by the Division of Hotels and Restaurants, any firm that does not manufacture, process, compound or produce for sale items of tangible personal property, or that does not use such machinery and equipment in spaceport activities.
- Tax refunds can only be made on eligible taxes paid.
- If funding is authorized for FY 2012-13, allocations will be made for the State Fiscal Year 2012-13 after January 1, 2013.

## 5. Signatures

*I certify that to the best of my knowledge, the information contained herein is accurate.*

\_\_\_\_\_  
**Signature (Authorized Company Officer) REQUIRED**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer**

\_\_\_\_\_  
**Name of Business Unit**