

# Manufacturing and Spaceport Investment Incentives Program

## Phase 2 Request for Certification

---

Name of Business Unit Applying

Send to:

Florida Executive Office of the Governor  
Office of Tourism, Trade, and Economic Development  
400 South Monroe Street  
The Capitol, Suite 2001  
Tallahassee, FL 32399-0001  
Phone: (850) 487-2568

FOR OTTED 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: Request for Certification

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>Title:</b>
<b>Email:</b>	<b>Email:</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. What is the business unit's tax year (ex. Jan. 1 through Dec. 31):</b>	
<b>H. 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>I. 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>J. Has the business unit applied for this program previously?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>K. Please state the total amount of eligible expenditures by the business unit applying:</b>	
<b>for the business unit's tax year beginning in 2008</b>	
<b>for the State's Fiscal Year for the received allocation</b>	
<b>(Please submit a certified letter from auditor or company CFO, or other document as reasonably accepted by OTTED along with application.)</b>	

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

# Manufacturing and Spaceport Investment Incentives Program: Request for Certification

## 2. Equipment Description

**A. Please attach supporting documentation with the following information for all qualifying equipment purchases: Name of Equipment, Description of Equipment Function, Date of Purchase, Purchase Price Before Tax, State Sales and Use Tax, and Total Purchase Cost (ex. Invoice of Purchase and Proof of Payment)**

*Example:*

<i>Category (i.e. Construction/renovations; Manufacturing equipment; R&amp;D Equipment; Other)</i>	<i>Name of Equipment</i>	<i>Description of equipment function</i>	<i>Date of Purchase (mm/dd/yy)</i>	<i>Purchase price (before tax)</i>	<i>State Sales and Use Tax (Local Tax is Not Eligible for Refund)</i>	<i>TOTAL PURCHASE COST</i>
				\$	\$	\$
				\$	\$	\$
<b>TOTALS:</b>				\$	\$	\$

## 3. Attached Documentation

**Please attach documentation to verify tangible personal property or other property that has a depreciation life of 3 years or more (For example: audited financials or capital lease).**

## 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.)

# Manufacturing and Spaceport Investment Incentives Program: Request for Certification

## 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.
- Allocations will be made for 2011-2012 after January 1, 2012.

## 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**