



Oklahoma Tourism Development Act

Application

INSTRUCTIONS

Mail the completed application to:

**Oklahoma Department of Commerce
Jon Chiappe, Director of Research & Economic Analysis
900 N. Stiles
Oklahoma City, OK 73104**

- I. All applicants need to be aware that the following fees will be incurred as a result of participating in the Oklahoma Tourism Development Act (OTDA) process:**
 - A. Consultant's Fee – The OTDA requires that the Oklahoma Department of Commerce (ODOC) engage, after approval of the preliminary materials submitted by applicant, an independent third party consultant to review the application and related information to prepare a written report in connection with the OTDA request. The fee charged by the consultant will be the responsibility of the applicant.**
 - B. Applicant will be required to provide proof of payment of consultant fees to ODOC prior to any review of the Consultant's Report being completed by ODOC. Failure to provide proof of payment shall halt all action of the application and approval process.**

- II. The following items must be included for the application to be considered complete:**
 - A. The application form.**
 - B. The Oklahoma Tourism Development Act Disclosure Statement.**
 - C. Attachments to the application which include:**
 - 1. Business Plan**
 - a) Business history**
 - b) Description, location of, and timetable for project**
 - c) Marketing plan**
 - d) Business and bank references**

 - 2. Business Financial Information**

- a) **Last three years' financial statements (for existing businesses only).**
- b) **Last three years' tax returns unless audited financial statements provided (for existing businesses only).**
- 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.**
- e) **A detailed explanation on economic impact of project, to include how tourism attraction project:

 - 1. **Shall attract at least twenty-five percent (25%) of its visitors from among persons who are not residents of the State of Oklahoma;**
 - 2. **Shall have costs in excess of five hundred thousand dollars (\$500,000);**
 - 3. **Shall have a significant and positive economic impact on this state considering, among other factors, the extent to which the tourism attraction project will compete directly with existing tourism attractions in this state, and the amount by which increased tax revenues from the tourism attraction project will exceed the sales tax credit allowed;**
 - 4. **Shall produce sufficient revenues and public demand to be operating and open to the public on a regular and persistent basis; and**
 - 5. **Shall not adversely affect existing employment in this state.****

By execution of the application, the applicant will be authorizing the disclosure of the information contained in the application to the ODOC in accordance with the open records act of the State of Oklahoma.

3. Ownership and Key Management Information:

- a) **Resumes of owners identified in #5 of application and other key management personnel.**
- b) **Authorization to investigate credit.**
- c) **Certificate of Good Standing from Oklahoma Secretary of State.**

All attachments must be signed and dated.

**Application for Oklahoma Tourism Development Act
Sales Tax Credit Program**

FOR OFFICE USE ONLY Application Number: _____

Date of Application: _____

Check appropriate box for tourism attraction project

- | | |
|--|---|
| <input type="checkbox"/> Cultural or Historic Site | <input type="checkbox"/> Amusement or Entertainment Park |
| <input type="checkbox"/> Recreational or Entertainment Facility | <input type="checkbox"/> Indoor or Outdoor play or music show |
| <input type="checkbox"/> Area of natural phenomenon or Scenic Beauty | <input type="checkbox"/> Botanical Garden |
| <input type="checkbox"/> Theme Park | <input type="checkbox"/> Cultural or Educational Center |
| <input type="checkbox"/> A Destination Hotel | <input type="checkbox"/> An Entertainment District |

Company/Business Information													
Corporate Name/Business Name (Applicant)		SIC Code											
Mailing Address (Street/P.O. Box)		City, State, Zip Code											
Contact Person	Phone Number Office or Cell ()	E-mail Address											
Project Address (Street and P.O. Box)		City, County, State, Zip Code											
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Has applicant previously participated in other Oklahoma incentive programs?													
<input type="checkbox"/> Yes <input type="checkbox"/> No - If YES, please indicate program, agency, amount, and approximate date:													
Program	Agency	Amount	Date										
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 public company, indicate publicly traded.													
Name of Owner (Last, First, Middle Initial)	Phone Number 1. O C ()	Social Security Number - -	Percent (%)										
Address of Owner (Street/P.O. Box, City, State, Zip Code)		E-mail Address											
Name of Owner (Last, First, Middle Initial)	Phone Number 1. O C ()	Social Security Number - -	Percent (%)										
Address of Owner (Street/P.O. Box, City, State, Zip Code)		E-mail Address											
Name of Owner (Last, First, Middle Initial)	Phone Number 1. O C ()	Social Security Number - -	Percent (%)										
Address of Owner (Street/P.O. Box, City, State, Zip Code)		E-mail Address											

Taxpayer/Employer Organization

Corporation
 Subchapter S
 Subchapter C
 Proprietorship
 Limited Liability Partnership
 Business Trust
 Limited Liability Corporation
 Partnership
 Other (Explain: _____)

Date Business Established:

Company's Fiscal Year:

State of Incorporation:

Date Incorporated:

Registered Agent Name/Address: (P.O. Box not allowable)

Does company (or parent company) have any other operations in Oklahoma?

Yes
 No

If YES, please list name and location of other operations:

If any company listed above 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:

Person to Review Legal Documents

Company Attorney

Contact Person

Address (Street/P.O. Box)

City, State, Zip Code

Phone Number 1. O C

Phone Number 2. O C

Email Address

Bank Account

Bank of Account

Contact Person

Account Officer

Address (Street/P.O. Box)

City, State, Zip Code

Phone Number 1. O C

Phone Number 2. O C

Email Address

Is the bank of account also the lender for this project?

Yes
 No

If NO, please provide the following:

Name of Project Lender

Branch

Account Officer

Address (Street/P.O. Box)		City, State, Zip Code	
Phone Number 1. O C	Phone Number 2. O C	Email Address	
Is the project lender also the interim lender? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, please provide the following:			
Name of Interim Lender		Branch	Account Officer
Address (Street/P.O. Box)		City, State, Zip Code	
Phone Number 1. O C	Phone Number 2. O C	Email Address	
Accountant			
Accountant		Contact Person	
Address (Street/P.O. Box)		City, State, Zip Code	
Phone Number 1. O C	Phone Number 2. O C	Email Address	
New Project Information: Complete this section if the project constitutes a new project or location for the applicant.			
Brief Description of project:			
<input type="checkbox"/> New Operation <input type="checkbox"/> Acquisition of an existing operation—if so, does the project involve expansion to the existing site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Project Site: _____ Acres		Total Size of Facilities: _____ Square feet	
If you own the site, indicate: _____ Date of Purchase _____ Purchase Price			
Is there a mortgage?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, who holds the mortgage and what is the current balance of the mortgage?			
Mortgage Holder		Balance	
If you lease, indicate owner of property:			
Owner of Property		Address (Street/P.O. Box)	
Lease Terms: List terms, monthly rent and length of lease.			
<input type="checkbox"/> Yes <input type="checkbox"/> No (Option) <input type="checkbox"/> Yes <input type="checkbox"/> No (Contract)			

Expansion Project Information: Complete this section only if the applicant is expanding its existing Oklahoma facility.

Please provide a brief description of expansion:

Does the project involve relocation from an existing facility?

Yes No

If YES, Please explain:

Does the project involve additions to an existing operation?

Yes No

Present acreage: _____ Acres

Increased new acreage: _____ Acres

Present square footage: _____ Sq. Ft

Increased square footage: _____ Sq. Ft

If you own the site, indicate: _____ Date of Purchase _____ Purchase Price

Is there a mortgage?

Yes No

If YES, who holds the mortgage and what is the current balance of the mortgage?

Mortgage Holder

Balance

If you lease, indicate owner of property:

Owner of Property

Address (Street/P.O. Box)

Lease Terms: List terms, monthly rent and length of lease.

Existing Lease terms

Lease terms after expansion:

Is there an option or contract to purchase the property? If YES, please explain

Yes No (Option) Yes No (Contract)

Estimated Project

Cost

Estimated Project

Cost

Land

Building (new construction/additions)

Improvements (existing buildings)

Equipment

Building Fixtures		Architectural & Engineering	
Infrastructure		Exhibits	
Other Project item	Cost	Other Project Item	Cost
		14. Total Estimated Project Expenditures	
		15. OTDA Sales Tax Credit Requested	

Proposed Project Financing				
Source:				
Bank Loan		\$ _____		
Bond Issue		\$ _____		
Other		\$ _____		
Equity		\$ _____		
Total Sources of Funds		\$ _____		
Project Start Date: _____		Anticipated Project Completion Date: _____		
Contractor (if known)				
Contractor				
Address (Street/P.O. Box)			City, State, Zip Code	
Phone Number 1. O C	Phone Number 2. O C		Email Address	
Employment Projections				
	Full Time	Part Time	*Full Time equivalent to Part Time	Total Full Time & Full Time Equivalent
Current number of jobs at project location				
New jobs to be created two years after project completion				
Total				
* Full Time Equivalent = 1760 hours worked per annum				
Attendance History and Attendance Projections				
For expansion projects, provide attendance for past five years by category:				
Year	Number of In-State Visitors	Number of Out-of-State Visitors	Total Visitors	Percentage Out-of-State Visitors
1.				
2.				
3.				

4.				
5.				
For expansion and new projects, provide projected attendance figures for first five years upon completion of project:				
Year	Number of In-State Visitors	Number of Out-of-State Visitors	Total Visitors	Percentage Out-of-State Visitors
1.				
2.				
3.				
4.				
5.				
What method did you use to arrive at these projections:				
Will operation be open: <input type="checkbox"/> Full Year <input type="checkbox"/> Seasonal <input type="checkbox"/> Scheduled events				
If seasonal or scheduled events, how many days a year will tourism attraction project be open to the public: _____ Days				
Marketing Plans				
Do you have marketing plans? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, prepared by:				
Does your marketing plan include advertising? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have an advertising agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide name and address:				
If your plan does not currently include advertising, what future plans do you have to advertise?				
What is the proposed advertising budget for the first five years and what percent will be in-state and out-of-state advertising?				
Year	% In-State	% Out-of-State		
1.				
2.				
3.				
4.				
5.				
Please identify the types of media you plan to use and their percentages as based on an annual average expense:				
Television _____% Radio _____% Newspaper _____% Magazine _____% Online _____% Other _____%				
Please identify the primary markets from which your project will draw customers:				

What method did you use to arrive at these markets?

Does your marketing plan include public relations efforts or other methods of advertising, such as direct marketing, outdoor advertising, web page, etc.? Yes No

If yes, Identify additional methods:

Benefit Analysis Data

A. Provide the dollar amount and percent of the company's totals for:

Tangible OK Property Include both Real and Personal Property	Before Project \$ _____	After Project \$ _____
--	-------------------------	------------------------

B. 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
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

What method did you use to arrive at these projections?

C. Estimated revenue subject to Oklahoma sales tax for first ten years upon completion of project:

Year	Total Sales	Sales from existing facility	Sales from Expansion	Sales from new Project
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

D. Estimated revenue from project subject to Oklahoma sales tax by category for first ten years upon completion of project:

Year	Admissions	Food & Merchandise	Lodging	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

E. Estimate additional revenue your project will bring to other business in the community the first ten years upon completion of project:

Year	Revenue
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

What method did you use to arrive at these projections?

F. List any existing tourism attractions in Oklahoma similar to your proposed tourism attraction project:

- 1.
- 2.
- 3.

NOTE: FOR ENTERTAINMENT DISTRICTS TO BE COMPLETED IN PHASES, PLEASE SUBMIT EMPLOYMENT PROJECTIONS, ATTENDANCE PROJECTIONS AND HISTORY, MARKETING PLANS, AND BENEFIT ANALYSIS SECTIONS FOR EACH PHASE.

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 Oklahoma Tax Commission and the Oklahoma Department of Commerce to the extent required by the Oklahoma Open Records Act or other applicable law.

Signature

Print Name

Title

Date

State of Oklahoma)
)ss
County of _____)

I _____, being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by Eligible Company to submit the above application to the State of Oklahoma.

Affiant further states that Eligible Company has not paid, given, or donated or agreed to pay, give, or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in the procuring of preliminary or final approval for eligibility in the OTDA.

Agent for Eligible Company

Subscribed and sworn to before me the _____ day of _____, 20__.

Notary Public

My Commission Expires: _____