OKLAHOMA Commerce

Participating Organization

Organization _____

Contact _____ Title _____

Direct Phone_____ e-mail _____

Address_____

City _____ County _____ State ____Zip_____

FEI (Federal Employee Identification): _____

Mailing Address (if different from above)

City_____ State _____ Zip_____

Number of Existing Jobs _____ Average Wage _____

Impact on Organization

Describe how the proposed project will benefit the organization (e.g. increased traffic, increased sales, quality of life, potential of expanding market, etc.)

_____

_____

_____

_____

Certification and Legal Authority *I have read and understand that:*

The partnering for-profit entity will utilize captured state withholding taxes from the benefiting participating organization for Main Street development investments and held until contracted milestones are achieved with capital investment or operations. Partnering for-profit entities will not be able to participate in Investment Tax Credits for manufacturing firms, Quality Jobs or other statutorily excluded programs during the period of participation in the Main Street Incentive Program.

I hereby attest, under penalty of perjury, that the information contained herein is true and correct, and that the undersigned has written authorization from the governing body of the applicant to execute the same.

Company Representative

_____ Title _____

Print Name

_____ Date _____

Signature