



GEORGIA DEPARTMENT
of COMMUNITY AFFAIRS

GEORGIA TOURISM DEVELOPMENT ACT PROGRAM APPLICATION

APPLICATION INSTRUCTIONS

All applicants are strongly encouraged, prior to submitting this formal application and its required fees, to first submit to DCA a pre-application for the Georgia Tourism Development Act Tax Credit Program. The pre-application can be accessed at <https://dca.georgia.gov/document/applications/pre-application-gtda-0/download>.

Questions can be directed to Sally Mrus at (404) 982-3400 or sally.mrus@dca.ga.gov

This application is the PDF version, which can either be saved and emailed or saved and printed then mailed to the address below. All supporting documentation must accompany the emailed or mailed application.

Georgia Department of Community Affairs (DCA)
ATTN: GTDA PROGRAM MANAGER
60 Executive Park South, NE
Atlanta, GA 30329
Telephone: (404) 982-3400
sally.mrus@dca.ga.gov

IMPORTANT: Before continuing, please [GO HERE](#) for important information on the GTDA process, including local government involvement as well as calculating and submitting the application fee and format of application submission.

Please be sure to complete all attachments in Exhibit 1, including the entire Excel spreadsheet, contained at the end of this application. Once completed, save this workbook to a local drive on your computer and submit to DCA along with the other supporting documents as directed above.

1. APPLICANT INFORMATION

Name of Applicant/Developer

Address:

City: State: Zip Code:

Contact Person: Telephone: Fax:

Contact Person's email: Project Website Address (if applicable):

Name of Project:

Project Address:

City: State: Zip Code:

Federal Employer ID Number (EIN): Georgia Employer ID Number: SIC Code:

2. APPLICANT ORGANIZATION & TEAM

Applicant Organization Type:

- ☐ Corporation ☐ Subchapter S
☐ Subchapter C ☐ Partnership
☐ Proprietorship ☐ Limited Liability Partnership
☐ Limited Liability Corporation ☐ Non-profit Corporation
☐ Other (Please Explain)

Has the applicant previously participated in other Georgia incentive programs?

☐ YES ☐ NO

If Yes, please describe:

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3. APPLICANT 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, indicated publicly traded.

Owner 1 Name:	Percent Ownership:		
<input type="text"/>	<input type="text"/>		
Owner 1 Address:	Owner 1 City:	Owner 1 State:	Owner 1 Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 2 Name (if needed):	Percent Ownership:		
<input type="text"/>	<input type="text"/>		
Owner 2 Address:	Owner 2 City:	Owner 2 State:	Owner 2 Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 3 Name (if needed):	Percent Ownership:		
<input type="text"/>	<input type="text"/>		
Owner 3 Address:	Owner 3 City:	Owner 3 State:	Owner 3 Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 4 Name (if needed):	Percent Ownership:		
<input type="text"/>	<input type="text"/>		
Owner 4 Address:	Owner 4 City:	Owner 4 State:	Owner 4 Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner 5 Name (if needed):	Percent Ownership:		
<input type="text"/>	<input type="text"/>		
Owner 5 Address:	Owner 5 City:	Owner 5 State:	Owner 5 Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the Applicant (or parent company) have any other operations in Georgia?

☐ YES ☐ NO

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

If Applicant or any of the parties listed 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:

4. LEGAL REPRESENTATIVE

Company Attorney:	Contact Person:		
<input type="text"/>	<input type="text"/>		
Address:	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone:	Fax:	E-mail:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

5. ACCOUNTING REPRESENTATIVE:

Accountant Name:	Accountant Contact Person:	Accountant Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

City:

State:

Zip Code:

Telephone:

Fax:

6. PROJECT TYPE

Is this project:

- ☐ a new tourism project?
- ☐ an expansion of or addition to an existing tourism attraction?

Please provide a brief description of the project, including location, amenities, and facilities. If this is an expansion project, please clearly differentiate between existing facilities and amenities and those that will be constructed for this tourism project.

If you need additional space to describe the project, please submit that information with the supporting documentation.

Which best describes the operational plan for the project's open times?

- ☐ full year ☐ seasonal ☐ scheduled events

Does the project involve a relocation from an existing facility?

☐ YES ☐ NO

If yes, please explain:

If this is an existing operation, does the project involve expansion of the existing site?

☐ YES ☐ NO

Provide figures for all applicable fields below. Applicants for new projects can enter acreage and square footage figures in the second and fourth fields.

Present Acreage:	Increase size of Acreage:	Present square footage:	Increased square footage:
<div></div>	<div></div>	<div></div>	<div></div>

Do you own the site?

☐ YES

☐ NO

Date of Purchase:

Purchase Price:

Mortgage Holder:

Balance:

Do you lease the site?

☐ YES

☐ NO

Property owner name:

Owner Address:

City:

State:

Zip Code:

Please describe the lease terms, including list terms, monthly rent and length of lease for the existing lease:

Please describe the lease terms, including list terms, monthly rent and length of lease for after the expansion:

Is there an option or contract to purchase the property?

☐ YES ☐ NO

If yes, please describe:

Are there any other tourism attractions in Georgia with which this project will compete? If so, please list each attraction individually and include a brief description, as well as the anticipated level of competition (moderate, substantial, etc.)

7. CONTRACTOR INFORMATION (if known)

Contractor Name:

Contractor Address:

Contractor City:

Contractor
State:

Zip Code:

Telephone:

Fax:

EXHIBIT 1

List of Required Supporting Documentation for GTDA Application

Project Projections:

Each application requires a source and use statement, as well as projections of sales revenues, sales taxes, calculation of application refunds, employment, project attendance, and other project benefits. [Click Here](#) for a copy of an Excel Spreadsheet which contains 8 pages addressing elements. Applicants for new projects must complete all six worksheets tabbed in green. Applicants for expansion projects must complete all eight worksheets (6 tabbed in green and 2 tabbed in yellow). Once you have completed the spreadsheet, please save it to your hard-drive and then submit as directed on page one of this application.

Business Plan:

Business plan should include the months of the year and the average number of days in a year during which the tourism attraction is open to the public. The business plan also should contain a detailed explanation of the economic impact of the project, including how the project shall:

- a) have approved costs in excess of one million dollars (\$1,000,000);
- b) produce sufficient revenues and public demand to be operating and open to the public for a minimum of one hundred (100) days per year, including the first year of operating;
- c) not adversely affect existing employment in the state of Georgia; and,
- d) have a significant and positive economic impact on the state considering, among other factors, the extent to which the tourism attraction project will compete directly with tourism attraction in Georgia.
- e) Business plan should also estimate the amount by which increased state and local tax revenues and other economic benefits from the tourism attraction project will exceed the refund to be given to the approved company.

Marketing Plan:

The marketing plan should include the following elements:

- a) identification of who prepared the marketing plan, and if applicable, the name and address of the applicant's advertising agency;
- b) plans to target individuals who are not residents of this state and a thorough explanation of how the project will attract at least twenty-five percent (25%) of its customers each year from out-of-state by the third year of operation;
- c) a five-year proposed advertising budget, including the percent of advertising costs dedicated to in-state and out-of-state advertising;
- d) a list of the types of media to be used for marketing (T.V., radio, newspaper, magazine, web page, other) and their percent of the overall marketing budget;
- e) identification of the primary markets from which the project will draw customers; and,
- f) an affirmation agreeing to cooperate with the Independent Consultant's analysis of the market and requests for data.

Business Financial & Commitment of Financial Support Information:

The business financial information should include the following:

- a) Last three years' financial statements.
- b) Signed commitment letters from all project investors, lenders, and equity partners who are assisting in the financing of the project.

Ownership and Key Management Information:

The ownership and key management information should include the following:

- a) Resumes of owners identified in Question #3 of the application form and other key management.
- b) Authorization to investigate credit

Local Government Project Support:

- a) Evidence of the Project's compliance with zoning and land use development regulations.
- b) Copy of local public hearing notice and minutes from the hearing.
- c) Copy of the resolution by local governing authority approving the Project. The resolution should contain language indicating the applicable local government's endorsement of the tourism project and, where applicable, appropriate affirmative clauses regarding permitting, land use, local incentives, and the provision of public infrastructure. Additionally, if the applicant plans to pursue a local sales and use tax refund, the subject taxes must be explicitly designated and authorized within the local resolution along with language specifying that the intended uses align with any authorizing referendum for LOST or SPLOST.

Site Plan/Project Map & Supporting Cost Documentation

Please provide the following:

- a) an easily legible site plan or map that contains the following elements: title and legend clearly identifying the Project; local government's name; date of map preparation; scale shown geographically; name and contact data of applicant; and all facilities and buildings contained or proposed within the Tourism Attraction's legal boundaries.
- b) Project cost estimates, certified by an engineer or American Institute of Architects professional, as well as construction contract and specifications, as available, with contact information (name, address, phone number, e-mail). Where applicable, such cost estimates must segment and explain specific costs as either "Expansion Costs" or "Renovation Costs" in accordance with sections 110-32-1-.02(7) and (9) and sections 110-32-1-.03(6)(r) of the regulations.

Project Timeline Documentation

The project timeline should include actual or estimated completion dates for, at a minimum, the following stages:

- 1) acquisition of necessary land and real estate;
- 2) acquisition of project financing required to complete the project;
- 3) acquisition of major environmental clearances or government permits that may be required;
- 4) physical completion of planned construction; and
- 5) the date on which the project amenities will be operational and open to the public.

Please sign and date below.

Applicant

Date