Montana Department of
REVENUE

New or Expanding Industry Classification Application
15-24-1401 and 15-24-1402, MCA and ARM *42.19.1235*
The applicant completes this page.

County _____

Name of Applicant _____

Mailing Address _____

_____

Legal Description of Property _____

1. Date Construction Permit Issued_____
   (If no permit is required, specify the date when certificate was issued in lieu of building permit.)

2. Name of Plant being Expanded or Constructed _____

   _____

3. List the qualifying property below. Attach site plat, plot plan, construction prints and detailed equipment list identifying the above property, along with complete installed costs for each qualifying component.

   _____

   _____

   _____

   _____

   _____

   _____

4. Complete this section only if the application is for a business that:

   • engages in transportation, warehousing or distribution of commercial products, if 50% or more of the gross receipts are earned from outside the state; *or*
   • earns 50% or more of its annual gross income from out-of-state sales.

   Type of Business _____

   Total Gross Sales or Receipts.............................. $ _____

   Total Gross Income .... $ _____

   Sales and Receipts from Outside of Montana .... $ _____

   Sales Income Earned from Outside of Montana .... $ _____
   (Attach income statements.)

Signature of Applicant _____

Print Name_____Date_____

Copies - Local Department of Revenue office, County Clerk and Recorder, County Commissioners and Applicant

A public hearing on the matter of *New or Expanding Industry* resolution for_____

_____ plant was held at the _____ County

Courthouse at _____ AM/PM, on the _____day of _____ , 20 ___ .

1. Due notice as defined in 76-15-103, MCA was given. True and correct copies of said notices were provided.
   Yes_____No _____

2. The statutory $50,000 investment requirement for expansion or modernization has been met.
   Yes_____ No_____

3. The statutory $125,000 investment requirement for new improvements or modernized processes has been met.
   Yes_____ No_____

This application is made under the provisions of 15-24-1402, MCA and by the resolution adopted.

By the _____ of _____ County,
                                                              (Taxing Jurisdiction)

on the_____ day of _____ 20 ___ .

We, the undersigned, _____of _____ .
                                          (Title)   (Taxing Jurisdiction)

(approve/disapprove) this application for_____ .

We find that it (does/does not) conform to the criteria as set forth in the resolution adopted by

this_____ on the _____ day of _____ , 20___ .

Approved tax incentive to be implemented beginning in _____
                                                                              (Assessment Year)

Approved tax incentive to be taxed at: ❏ 25% or ❏ 50% of their taxable value

Name _____ Title_____

Name _____ Title_____

Name _____ Title_____