



New or Expanding Industry Classification Application 15-24-1401 & 15-24-1402, MCA and ARM 42.19.1235

The applicant completes this page.

County _____

Name of Applicant _____

Mailing Address _____

Legal Description of Affected Property _____

1. Date construction permit issued _____

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

2. This application covers the (expansion/new) construction of the _____

_____ plant.

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 firm 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..... \$ _____

Income earned from sales outside of Montana..... \$ _____

(attach income statements)

Signature of Applicant _____

Print Name _____ Date _____

The taxing jurisdiction completes this page.

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 exact 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)

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____