

Angel Investor Tax Credit LEB Certification Application

10.04.24

Louisiana Entrepreneurial Business
Angel Investor Tax Credit Program (ACT 414 of 2011; La.R.S.47:6020)

SECTION ONE: BUSINESS

Business Name Applying For LEB

Business Address(Principal Business Operations Address)*

Mailing Address (If Different From Above)

City

State

Zip Code

Parish

Year Business Established

NAICS Code

Phone Number

Louisiana Tax ID

Industry

Email

Website

Business Description

Contact Person (And Contact Information if Different From Above):

LED OFFICE USE ONLY

SECTION TWO: ANGEL INVESTMENT TAX CREDIT LEB CERTIFICATION

EMPLOYEE DATA: Fill in the following fields.

Number of current employees: Full-Time: _____ Part-Time: _____

- Of the current Full-Time employees, how many work in Louisiana? _____

Number of new jobs being created: Full-Time: _____ Part-Time: _____

Annual Payroll: \$ _____ Annual Gross Revenues: \$ _____

Is the Business located within a Louisiana Opportunity Zone? **YES** **NO**

To view current projects and an interactive map of Louisiana Opportunity Zones [click here.](#)

Is the Business registered, active and in good standing with Louisiana Secretary of State? **YES** **NO**

What will the investment proceeds be used for?

Please explain how the business will obtain more than fifty percent (50%) of sales from outside Louisiana:

Please confirm the following:

- | | | |
|---|------------|-----------|
| - Principal Business Operations is in Louisiana. | YES | NO |
| - Business is not primarily engaged in retail sales, real estate, professional services, gaming or gambling, natural resource extraction or exploration, or financial services including venture capital funds. | YES | NO |

REQUIRED DOCUMENTS TO BE ATTACHED TO THE APPLICATION UPON SUBMISSION:

- Business Plan or pitch deck
- Financials

The business must submit a fully developed business plan that includes all appropriate long and short term forecasts and contingencies of business operations, including research and development, profit, loss and cash flow projections, and details of expenditure of angel investor funding.

*for the purposes of this program, a business's principal business operations qualifies as a domicile.

I hereby certify that the Angel Investor Tax Credit LEB Certification application meets all of the requirements of R.S. 47:6020, et.seq. and applicable regulations. I hereby certify that the information provided in this application is true and correct, and I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records (R.S. 14:133) and/or forfeiture of any tax credits approved under this program. I understand that the application and information submitted with it shall not be returnable to the applicant.

APPLICANT BUSINESS NAME

By: _____
(SIGNATURE OF AUTHORIZED BUSINESS REPRESENTATIVE)

(PRINTED NAME AND TITLE)

Date: _____

Please sign and date the Angel Investment Tax Credit LEB Certification Application and submit to angelinvestor@la.gov.