## Angel Investor Tax Credit LEB Certification APPLICATION



## **SECTION 1**

SECTION 1 Business Information	Business Name Applying For LEB:				
	Business Address (Principal Business Operations Address)*:  Mailing Address (If Different From Above):				
	Parish:	Year Business Established:	NAICS Cod	de:	
	Phone Number:	Louisiana Tax ID:	Industry:		
	Email Address: Website:				
	Business Description:				
	Contact Person (And Contact Information If Different From Above):				
	SECTION 2 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?					
	Of the current Full-Time e	•			
		•			
	Number of new jobs being	mployees, how many work in Louisiana?	rt-Time:		
	Number of new jobs being	g created: Full-Time: Par Annual Gross Revenues: \$ Prior Year: \$	rt-Time:		
	Number of new jobs being Total Payroll: \$  Payroll added as a result of the Business located w	employees, how many work in Louisiana?  g created: Full-Time: Par  Annual Gross Revenues: \$  Prior Year: \$  of the Angel Investment \$  rithin a Louisiana Opportunity Zone or on of less than 50,000 according to	rt-Time:		
	Number of new jobs being Total Payroll: \$  Payroll added as a result of the Business located with a population of the most recent federal desired.	employees, how many work in Louisiana?  g created: Full-Time: Par  Annual Gross Revenues: \$  Prior Year: \$  of the Angel Investment \$  rithin a Louisiana Opportunity Zone or on of less than 50,000 according to	rt-Time:	NO	
	Number of new jobs being Total Payroll: \$  Payroll added as a result of the Business located with a population of the most recent federal desired.	employees, how many work in Louisiana?  g created: Full-Time: Par  Annual Gross Revenues: \$	rt-Time:	NO	
	Payroll added as a result of the Business located with a population the most recent federal domain a parish with a population of the Business registered by the Business registered by the Business registered and the Business registered by	employees, how many work in Louisiana?  g created: Full-Time: Par  Annual Gross Revenues: \$  Prior Year: \$  of the Angel Investment \$  rithin a Louisiana Opportunity Zone or on of less than 50,000 according to lecennial census?  projects and an interactive map of Louid, active and in good lecretary of State?	YES	NO ones click her	

Please list any grant or contract award and their amount from the sev	veral SBTTR progi	ram or SBIR grant.
Identify any partnerships or other contractual relationships with Loui research or innovation projects.	isiana colleges an	d universities for
Please confirm the following: -Principal Business Operations is in Louisiana.	YES	NO
-Business is primarily engaged in energy and process industries, logistics, aerospace and defense, agribusiness, professional services, life sciences and technology.	YES	NO
REQUIRED DOCUMENTS TO BE ATTACHED TO THE APPLICATION	I UPON SUBMISS	SION:
- Business Plan or pitch deck - Financials		
The business must submit a fully developed business plan that includes all ap and contingencies of business operations, including research and developme and details of expenditure of angel investor funding.		
*for the purposes of this program, a business's principal business operations	qualifies as a domic	cile.
I hereby certify that the Angel Investor Tax Credit LEB Certification a requirements of R.S. 47:6020, et.seq. and applicable regulations. I he provided in this application is true and correct, and I am aware that m information or omission of any pertinent information resulting in the fact may subject me to civil and/or criminal penalties for filing of false or forfeiture of any tax credits approved under this program. I unders information submitted with it shall not be returnable to the applicant.	reby certify that the submission of a false representation public records (Fatand that the app	he information iny false on of a material R.S. 14:133) and/
APPLICANT BUSINESS NAME		
(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  $\underline{angelinvestor@la.gov}.$ 

