



Department of Economic Development

**AMATEUR SPORTING TAX CREDIT PROGRAM  
SUPPORT CONTRACT SUBMISSION FORM**

**SUPPORT  
CONTRACT**

LOG NUMBER (OFFICIAL USE ONLY)

**1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)**

NAME OF INDIVIDUAL OR ENTITY

NAME OF CO-HOST, IF APPLICABLE

**1b. TYPE OF ENTITY**

**IF APPLICANT IS A BUSINESS ENTITY:**

Partnership

General

Limited

Corporation

Regular

Subchapter S

Trust

LLC

**IF APPLICANT IS AN INDIVIDUAL TAXPAYER:**

Property Owner

Other (specify) \_\_\_\_\_

NAME OF AUTHORIZED COMPANY OFFICIAL

TITLE

MAILING ADDRESS

BUSINESS ADDRESS

CITY/TOWN

CITY/TOWN

STATE

ZIP CODE

STATE

ZIP CODE

TELEPHONE

FAX

TELEPHONE

FAX

TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)

SOCIAL SECURITY NUMBER

NAICS CODE (See Definitions in Guidelines)

BUSINESS SIZE (Number of Employees Including Company Owners)

SPOUSE SOCIAL SECURITY NUMBER (if applicable)

EMAIL ADDRESS

EMAIL ADDRESS

HAS THE ENTITY/INDIVIDUAL (1a) EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?

YES  NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

**2. PROJECT CONTACT**

Applicant  Owner  Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

EMAIL ADDRESS

FAX

HAS THE „CONTACT“ EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?

YES  NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

**3. SPORTING EVENT INFORMATION (ATTACH ADDITIONAL PAGES IF NECESSARY)**

TYPE OF EVENT

EVENT ADDRESS

CITY/TOWN

STATE

ZIP CODE

COUNTY

EVENT DATE

**4. ADDITIONAL DOCUMENTS REQUIRED**

PLEASE SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:

- A copy of the Support Contract for the Sporting Event
- Explanation of any changes or updates to the Project Proposal