

4. CERTIFICATION	<ul style="list-style-type: none"> I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein. I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien. I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examines the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding. I attest that I have read and understand the Small Business Incubator Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099). I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program. I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief 		
5. SIGNATURE	Must be signed in the presence of a notary.	CONTRIBUTOR'S SIGNATURE ▶	DATE / /
	NOTARY EMBOSSER SEAL	STATE	COUNTY
	On this ____ day of _____, 20 __, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.		
		NOTARY PUBLIC SIGNATURE	NOTARY RUBBER STAMP
6. INCUBATOR'S VERIFICATION	NAME OF INCUBATOR		
	ADDRESS (STREET, PO BOX)		
	CITY	STATE	ZIP
	TELEPHONE NUMBER () -	FACSIMILE NUMBER () -	
	I have examined this application and all attachments and believe it to be an accurate description of the contribution received by our organization for the purposes of carrying out this application project.		
	INCUBATOR'S SIGNATURE ▶	DATE / /	
RETURN TO: Department of Economic Development Division of Business and Community Services Finance Management 301 West High Street, Room 770 P.O. Box 118 Jefferson City, MO 65102			