

WISCONSIN DEPARTMENT OF TOURISM

FILM PRODUCTION SERVICES CREDIT/FILM PRODUCTION COMPANY INVESTMENT CREDIT

SECTION I <u>CLAIMANT/APPLICANT INFORMATION</u>		
Organizational Structure : <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <div style="margin-left: 150px;"><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Not-For-Profit</div>		
Legal Name: 		
Address:		
City, State, Zip:		County:
FEIN #: <small>(Federal Employee Identification Number –Tax ID or Social Security Number)</small>		State of Organization: <small>(Per Articles of Incorporation or Organizing Document)</small>
Website Address:		
Tele. #:		Fax #:
CEO Name:		CEO Title:
<i>Individual To Contact Regarding Questions About The Claimant:</i>		
Claimant Contact Name:		Title of Contact:
Email Address:		
Tele. #:		Fax #:
Address:		City, State, Zip:
<i>Individual To Contact Regarding Questions About The Project:</i>		
Project Contact Name:		Title of Contact:
Email Address:		
Tele. #:		Fax #:
Address:		City, State, Zip:
Primary Product, Service, or Business of Claimant:		
Total Claimant Employment:		Full Time: Part Time:
Total Claimant Wisconsin Employment:		Full Time: Part Time:
Total Projected Employment (After Project Completion):		Full Time: Part Time:
Date Established:		SIC or NAICS:
Minority Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the Minority Classification is: <input type="checkbox"/> Eskimo <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <div style="margin-left: 150px;"><input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African American</div>		
Women Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No		Owned by a Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Country:		% of ownership:
SECTION II <u>OWNERSHIP INFORMATION (unless publicly owned)</u>		
Name: (First, Middle Initial, Last)	Phone Number	Ownership %*
1.		%
2.		%
3.		%
4.		%
5.		%

SECTION III-A
PRODUCTION INFORMATION
(If applying for Film Production Services Credits)

Title of Production:

Type of Production : Film Video Broadcast Advertisement Television Production
 Electronic Game Other (Describe):

Production Locations (in Wisconsin and outside of Wisconsin) :

Production Description (Provide a summary of the production subject matter, story line, and how Wisconsin is referenced or portrayed in the story if applicable. Attach additional pages, if necessary.):

Wisconsin Production Starting Date:

Completion Date:

Estimated amount of the aggregate salary and wages that will be included in the cost of the production for the period ending 12 months after the month in which the principal filming or taping of the production begins (For productions other than Electronic Games):

Estimated amount of the aggregate salary and wages that will be included in the cost of the production for the period ending 36 months after the month in which the principal filming or taping of the production begins (For Electronic Games Only):

How much of the total budget for the production will be spent in Wisconsin (%)?

How will the completed production be distributed commercially?

How much of the production funding has been secured (%)?

Provide verification on secured funding sources.

List Attached List Not Attached

Would the production occur in Wisconsin without the benefit of the tax credits? (Please explain)

Production Employment: Attach to application a list or spreadsheet of all Wisconsin residents who will work on the production in the state and their projected salary, wages or labor-related contract payments. Include the name of the individual (if known), city, town or village of residence, and a brief description of the individual's responsibilities for the production.

List Attached List Not Attached

Production Expenditures: Attach to application a list or spreadsheet of all production expenditures that will be incurred in Wisconsin and directly used to produce the production. Production expenditures include expenditures for set construction and operation, wardrobes, make-up, clothing accessories, photography, sound recording, sound synchronization, sound mixing, lighting, editing, film processing, film transferring, special effects, visual effects, renting or leasing facilities or equipment, renting or leasing motor vehicles, food, lodging, and any other similar expenditure as determined by the Wisconsin Department of Commerce. "Production expenditures" do not include salary, wages, or labor-related payments.

Tax credits cannot be claimed for the purchase of tangible personal property or items, property or goods, the sale of which is not sourced to this state.

List Attached List Not Attached

**SECTION III-B
INVESTMENT INFORMATION**

(If applying for Film Production Company Investment Credits)

Type of Production(s) Produced by Production Company : Film Video Broadcast Advertisement
Television Production Electronic Game Other (Describe):

Investment Description (Provide a detailed summary of the production company investment project. Attach additional pages, if necessary.):

Project Street Address:

Square footage of Project facility:

Project Starting Date:

Completion Date:

PROPOSED PROJECT BUDGET

USES OF FUNDING (equip, bldg, qualified rehabilitation, work capital, training, etc.)	SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.)				TOTAL
	SOURCE #1 NAME:	SOURCE #2 NAME:	SOURCE #3 NAME:	SOURCE #4 NAME:	
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL	\$	\$	\$	\$	\$

Production Company Expenditures: Attach to application a list or spreadsheet of the following expenditures that are projected to be incurred to establish or operate a film production company in the state:

- The purchase of depreciable, tangible personal property and items, property, and goods if the sale is sourced to this state, and the tangible personal property, item, property, or good is used for at least 50 percent of its use in the claimant's business as a film production company.
- Acquisition, construction, rehabilitation, remodeling, or repair of real property, and demolition or destruction in preparation for the physical work. Real property that is acquired cannot be previously owned property.

List Attached List Not Attached

Would the investment occur without the benefit of the tax credits? (Please explain)

How will the investment enhance the potential for increasing the film, video, or electronic game industry in Wisconsin?

SECTION IV <u>LEGAL INFORMATION*</u>	RESPONSE
Has the applicant, any owner, officer, subsidiary or affiliate been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any owner, officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any owner, officer, subsidiary or affiliate had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant, any owner, officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses. *A Request will be deemed ineligible and denied based on any falsification of information	

Completed applications can be sent to:

Shelly Allness
 WI Department of Tourism
 201 W. Washington Ave
 Madison, WI 53708-8690

CERTIFICATION STATEMENT

The undersigned hereby, on behalf of the applicant:

1. Certifies that to the best of the applicant's knowledge and belief, the information being submitted to Commerce is true and correct.
2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. Certifies that the Department is authorized to obtain a credit check and Dun and Bradstreet on the applicant, the business and/or the individual(s).
5. Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.
6. Understands that unless it qualifies as trade secret, all information submitted to Commerce is subject to Wisconsin's Open Records Law.

The applicant requests that Commerce treat the following items, if provided, as TRADE SECRET:

	Yes	No	NA
A. Personal financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Plan or study to be funded by Commerce.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 6 is left blank then all information provided to Commerce will be open to examination and copying.

NAME OF APPLICANT: _____

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)