



MINISTRY OF TOURISM & CIVIL AVIATION

TOURISM INCENTIVES APPLICATION

Pursuant to the Tourism Incentives Act No. 7 of 1996

Date of Application _____(dd/mm/yyyy)

1. Project Description - Check appropriate box for tourism project

SECTION 1			
1.1 Accommodation		1.2 Sites And Attractions	
Please tick type of Accommodation		Number of :	
Hotel <input type="checkbox"/>	Bedrooms :	<input type="checkbox"/> An amusement, theme, recreational or entertainment park or facility;	
Villa <input type="checkbox"/>	Kitchens :	<input type="checkbox"/> <input type="checkbox"/> A cultural, historical site, an area of natural phenomenon or scenic beauty (e.g a botanical garden);	
Condo <input type="checkbox"/>	Dining Room(s) :	Seat Cap:	
		<input type="checkbox"/> Hiking/Riding Trails	
Self-Contained Apt <input type="checkbox"/>	Restaurants :	Seat Cap:	
		<input type="checkbox"/> An indoor or outdoor play or music show;	
Inn <input type="checkbox"/>	Bar :	Seat Cap:	
		<input type="checkbox"/> <input type="checkbox"/> Other: _____ (e.g bird watching/ turtle watching)	
Cottage <input type="checkbox"/>	Public Washrooms :		
Guest House <input type="checkbox"/>	Other Facility:		
Campground <input type="checkbox"/>	<input type="checkbox"/> Spa		
	<input type="checkbox"/> Conference		
	<input type="checkbox"/> Fitness Center		
	<input type="checkbox"/> Pool Bars		
	<input type="checkbox"/> Games Room		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Salon		
1.3 Food & Beverage		1.4 Water-based	
	Seating Cap	No. of Public Washrooms	(application for Watercraft Licence must also be completed)
Restaurants:			<input type="checkbox"/> Jet Skis
<input type="checkbox"/> Fine Dining	-----	-----	<input type="checkbox"/> Snorkeling/Scuba Diving
<input type="checkbox"/> Deli/Snackbar	-----	-----	<input type="checkbox"/> Deep sea/Sports Fishing
<input type="checkbox"/> Café	-----	-----	<input type="checkbox"/> Kite surfing/Para sailing
<input type="checkbox"/> Parlors			<input type="checkbox"/> Whale watching
			<input type="checkbox"/> Kayaking/water bicycles
<input type="checkbox"/> Bar	-----	-----	<input type="checkbox"/> Vessels
			<input type="checkbox"/> Sea –based Tours

SECTION 1	
1.5 Transportation	1.6 Travel Trade/Events/Conferences/ Tourism Services
<input type="checkbox"/> Car Rental <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Scooters/Bikes/Bicycles <input type="checkbox"/> ATVs/Buggies/Go-carts/Golf-carts <input type="checkbox"/> Horsedrawn Carriage	<input type="checkbox"/> Conference Facility <input type="checkbox"/> Events <input type="checkbox"/> Trade Shows/Expositions/ Familiarization Tours <input type="checkbox"/> Cultural/Interpretational Centers/ Visitors Booths <input type="checkbox"/> Promotional Materials/Advertising/ Novelty Items/Souvenirs (relating to events)
SECTION 2 Applicant's Information and Contact Details	
Name of Owner/Investor:	Name of Developer/ Management Company
Name of Property/ Facility:	Mailing Address:
Project Location/Address:	Tel:
Mailing Address:	Fax :
Tel:	Email:
Fax :	
Email:	
Name of Authorized Representative Contact	Website:

SECTION 3 Profile of Company				
SECTION 3.1 Nature of Company				
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		
<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Sub-Chapter S		
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Sub-Chapter C		
<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Non-Profit Corporation		
<input type="checkbox"/> Other (Explain) _____				

Company Registration No. & Date Incorporated			Registered Agent Name	
SECTION 3.2 Company Ownership- Parent Company				
Please identify the major owners of the company. Include all owners with 20% or more interest in the company.				
Name	Address	Contact No.	Social Security No.	Percent (%) Shares
Subsidiary Company				
Name	Address	Contact No.	Social Security No.	Percent (%) Shares
SECTION 3.3 Legal Review				
Legal Firm		Mailing Address:		
Company Legal Representative		Tel:	Fax:	Email:

SECTION 4- Incentives Sought

Indicate the type of tourism incentives being sought

- A. i. Income Tax waiver ; specify waiver period _____
 ii. Duty Free Concessions: specify waiver period _____
 Import Duty Consumption Tax Excise Tax (where applicable)

B. State the Purpose and Nature of the Incentives

C. Provide a short description of the items for Duty Free Concessions (i.e Building/ construction materials, machinery, equipment, furniture, fixtures, fittings, soft furnishings, luxurious items, vehicle, vessel, etc)

D. Have you benefited from previous incentives?

- Yes Cabinet Conclusion No: _____ (State the most recent)
 No

SECTION 5 <i>Land/ Property Ownership</i>				
Land Tenure <input type="checkbox"/> Freehold <input type="checkbox"/> Lease Length of Lease: _____	Development Control Authority Approval (DCA)	Yes <input type="checkbox"/>	Full <input type="checkbox"/>	DCA # _____ Approval Date: _____
Size of Property:		No <input type="checkbox"/>	Approval in Principle <input type="checkbox"/>	Lodging No: _____
Lease of Queen's Chain <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION 6 *Project Financial Information*

Project Start Date (Anticipated) : _____

Project Completion Date: _____

SECTION 6.1 Source of Financing		
SOURCE	Amount of Financing (\$EC)	Financial/Lending Institution
Loan		
Equity		
Bond Issue		
Other		
Total Funds		

SECTION 6.2 ESTIMATED PROJECT COSTS	
	Cost \$EC
Land	
Building (New constructions/expansions Improvements	
Machinery & Equipment	
Building Fixtures	
Architectural & Engineering	
Furniture & Furnishings	
Exhibits	
Public Infrastructure	
Total	

SECTION 6.3 – Applicable for the purchase of motorable vehicles and vessels	
	Cost \$EC
C.I.F.	
Import duty	
Excise Tax	
Environmental Levy	
Service Charge	

SECTION 7- Employment Projections

SECTION 7.1				
No. of Employees during the construction phase	Full Time		Temporary	
	National	Non- National	National	Non-National
Proposed No. of Employees during the first 2 years of operation				
Current No. of Employees (existing tourism entity)				

SECTION 7.2- Work Permit Information (where applicable)		
Category of workers for which Work Permits have been issued	Date of Issue	Date of Expiration

SECTION 8 Human Resource Development			
Kindly indicate training undertaken during the past two years or proposed training for the next two years			
Area of Training	Period	No. of Employees Trained	Level of Employees Trained

SECTION 9 – Corporate/ Social Responsibility
Kindly provide a brief on the applicant’s social responsibility efforts.

Certification of Application

I, the undersigned on behalf of the applicant, hereby represent and certify that the foregoing Application information, including all Attachments, to the best of my knowledge, is (a) true, complete and accurate with respect to the information concerning the proposed project for which tourism incentives are being sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest.

The undersigned, on behalf of the applicant, acknowledges that information contained within the application and its attachments may be subject to review by all relevant Authorities pursuant to applicable law.

	Signature
	Print Name
	Title
	Date

Official Use Only (For completion by the Ministry of Tourism)	
Date Received:(dd/mm/yy) Tourism Official	Processing Officer..... Processing Start Date..... Processing Completion Date.....

ATTACHMENT TO THE TOURISM INCENTIVE APPLICATIONS

The following attachments must be submitted with the Application:

1. **Business Plan**

- a) Business history
- b) Description, location of and timetable for project

2. **Business Financial Information**

- a) Last three years' financial statements.
- b) Last three years' tax returns unless audited financial statements provided.
- c) Interim financial statement within 90 days.
- d) Projections (quarterly income statement, balance sheet and cash flow for three years, plus assumption/notes) for proposed new project. For an existing tourism product planning an expansion, projections with and without proposed expansion.

3. **Marketing Plans:** Provide a detail description of your marketing plan. Include information on the following:

If the Company is a entity which has a gaming license or is applying for a gaming license under Gaming Licenses Act No # of 2001 , a letter must be provide by the Saint Lucia Gaming Commission addressing that the Project is in excess of the capital investment required by their agency.

- 4. Copy of Approved DCA's Drawings (where applicable)
- 5. Copy of Work Schedule
- 6. Copy of EIA Report (where applicable)
- 7. Copy of Certificate of Compliance (Inland Revenue Department and National Insurance Corporation)
- 8. Certificate of Incorporation
- 9. Certified copy of Alien's Land Holding Licence (where applicable)
- 10. Certificate of Character (for first time applicants only)

11. Bill of Quantities

Three copies of the Application (including Attachments) should be mailed to:

Permanent Secretary
Ministry of Tourism
3rd Floor Sir Stanislaus James Building
Waterfront, Castries
Saint Lucia