



# ENTERTAINMENT ECONOMIC ENHANCEMENT PROGRAM APPENDIX C

## APPLICATION

Please carefully read the Entertainment Economic Enhancement Program Guidelines before completing this application. Please consult your tax advisor to determine the tax implications for the applicant and any partners, members, or shareholders prior to completing this form. **All applications must be typed. Handwritten applications will not be accepted.**

### SECTION I: APPLICANT INFORMATION

|   |                              |   |                           |
|---|------------------------------|---|---------------------------|
| 1. TOUR TITLE:  |                              | DATE RECEIVED: <i>Department Use Only</i> |                           |
| 2. CONCERT TOUR PROMOTION COMPANY OR CONCERT TOUR MANAGEMENT COMPANY:   |                              |   |                           |
| 3. APPLICANT ADDRESS:   |                              |   |                           |
| 4. CITY:  | 5. STATE:                    | 6. ZIP:                                   | 7. COUNTRY:               |
| 8. EMAIL:   |                              |   |                           |
| 9. TELEPHONE:   | 10. CELL PHONE:              | 11. FAX:                                  |                           |
| 12. FEDERAL TAXPAYER ID (EIN):  | 13. PA CORP ACCT ID (BOX #): | 14. PA REVENUE #:                         | 15. SINGLE APPLICATION #: |
| 16. TYPE OF ENTITY:   |                              |   |                           |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter S Corporation <input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Other _____ |                              |   |                           |
| <b>PROVIDE COPY OF PAPERWORK FROM DEPARTMENT OF STATE AFTER REGISTERING TO DO BUSINESS IN PA AND PRIOR TO THE COMMENCEMENT OF CONCERT REHEARSALS IN PENNSYLVANIA.</b>   |                              |   |                           |
| 17. If the applicant is an LLC, a partnership, or an S Corporation, list the name, address and FEINs or SSNs for all members, partners, or shareholders and their respective percentages.   |                              |   |                           |
| Name  | Address                      | FEIN or SSN                               | % of Ownership            |
|   |                              |   |                           |
|   |                              |   |                           |
|   |                              |   |                           |
|   |                              |   |                           |
|   |                              |   |                           |
|   |                              |   |                           |

### SECTION II: PRODUCTION INFORMATION

#### CONCERT TOUR PROMOTION COMPANY OR CONCERT TOUR MANAGEMENT COMPANY

|                     |  |           |             |
|---------------------|--|-----------|-------------|
| 1. NAME:            | <input type="checkbox"/> Check here if same as Applicant | 2. TITLE: |             |
| 3. COMPANY NAME:    |  |           |             |
| 4. COMPANY ADDRESS: |  |           |             |
| 5. CITY:            | 6. STATE:  | 7. ZIP:   | 8. COUNTRY: |
| 9. EMAIL:           |  |           |             |
| 10. TELEPHONE:      | 11. CELL PHONE:  | 12. FAX:  |             |

**SECTION III: PRODUCTION INFORMATION****REHEARSAL INFORMATION**

|  |  |   |  |
|--|--|---|--|
| 1. START DATE OF REHEARSAL IN PA:        |  | 2. COMPLETION DATE OF REHEARSAL IN PA:              |  |
| 3. NAME OF FACILITY IN PA:               |  |   |  |
| 4. ADDRESS OF FACILITY IN PA:            |  |   |  |
| 5. TOTAL NUMBER OF REHEARSAL DAYS IN PA: | 6. TOTAL NUMBER OF REHEARSAL DAYS IN NON-PA: | 7. TOTAL NUMBER OF REHEARSAL DAYS IN ALL LOCATIONS: |  |

**TOUR INFORMATION**

|  |   |                                      |  |
|--|---|--------------------------------------|--|
| 1. START DATE OF TOUR (ALL LOCATIONS): |   | 2. END DATE OF TOUR (ALL LOCATIONS): |  |
| 3. TOTAL NUMBER OF TOUR DAYS IN PA:    | 4. Attach all locations for tour. Include: City, State and Country. |                                      |  |

**CLASS 1 VENUE INFORMATION**

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 1. START DATE OF TOUR IN CLASS 1 VENUE: | 2. END DATE OF TOUR IN CLASS 1 VENUE: | 3. NUMBER OF DAYS AT CLASS 1 VENUE: |
| 4. NAME OF CLASS 1 VENUE:               |                                       |                                     |
| 5. ADDRESS OF CLASS 1 VENUE:            |                                       |                                     |

**CLASS 2 VENUE INFORMATION**

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 1. START DATE OF TOUR IN CLASS 2 VENUE: | 2. END DATE OF TOUR IN CLASS 2 VENUE: | 3. NUMBER OF DAYS AT CLASS 2 VENUE: |
| 4. NAME OF CLASS 2 VENUE:               |                                       |                                     |
| 5. ADDRESS OF CLASS 2 VENUE:            |                                       |                                     |

**CLASS 3 VENUE INFORMATION**

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 1. START DATE OF TOUR IN CLASS 3 VENUE: | 2. END DATE OF TOUR IN CLASS 3 VENUE: | 3. NUMBER OF DAYS AT CLASS 3 VENUE: |
| 4. NAME OF CLASS 3 VENUE:               |                                       |                                     |
| 5. ADDRESS OF CLASS 3 VENUE:            |                                       |                                     |

**HOTEL ROOM NIGHTS INFORMATION**

|                                    |
|------------------------------------|
| NUMBER OF HOTEL ROOM NIGHTS IN PA: |
|------------------------------------|

**SECTION IV: PRODUCTION EMPLOYMENT**

1. ESTIMATED TOTAL OF EMPLOYEES FOR REHERSAL & TOUR:  
(INCLUDED NON-RESIDENTS)

2. ESTIMATED TOTAL NUMBER OF PA EMPLOYEES (REHERSAL & TOUR):

\_\_\_\_\_ PA FULL TIME \_\_\_\_\_ PA PART-TIME

**SECTION V: PRODUCTION EXPENSES AND CREDIT CALCULATION**

1. Total Rehearsal Budget ..... \$

3. Total PA Tour Budget ..... \$

2. Total PA Rehearsal Budget ..... \$

4. Entertainment Economic Enhancement Program Tax Credit Requested ..... \$

**Attach the Budget Top Sheet for the project. (Appendix D)**

**SECTION VI: SIGNATURE, VERIFICATION & SUBMISSION**

*Under penalties of perjury, I declare that I have examined this application, including all the attachments, and to the best of my knowledge and belief it is true, correct and complete. THIS FORM MUST BE SIGNED BY A CORPORATE OFFICER.*

|                                  |  |                          |        |
|----------------------------------|--|--------------------------|--------|
| SIGNATURE OF OFFICER OF COMPANY: |  | TITLE:                   | DATE:  |
| PRINT OFFICER'S NAME:            |  | TELEPHONE #:<br>(      ) | EMAIL: |
| NAME AND TITLE OF PREPARER:      |  | TELEPHONE #:<br>(      ) | EMAIL: |
| PREPARER'S ADDRESS:              |  |                          |        |
| CITY:                            |  | STATE:                   | ZIP:   |

The completed Entertainment Economic Enhancement Program Application including all required documentation along with the completion of an online Single Application should be sent by mail to:

Janice Collier  
Entertainment Production Tax Credit Manager  
Department of Community & Economic Development  
Commonwealth Keystone Building  
400 North Street, 4th Floor  
Harrisburg, PA 17120-0225

If you have questions, please contact Janice Collier at 717-720-1312 or email [jacollier@pa.gov](mailto:jacollier@pa.gov).