



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
<i>Please tick type of Accommodation</i>	<i>Number of :</i>		
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"/> A cultural, historical site, an area of natural phenomenon or scenic beauty (e.g a botanical garden);
Condo <input type="checkbox"/>	Dining Room(s) :	<i>Seat Cap:</i>	<input type="checkbox"/> Hiking/Riding Trails
Self-Contained Apt <input type="checkbox"/>	Restaurants :	<i>Seat Cap:</i>	<input type="checkbox"/> An indoor or outdoor play or music show;
Inn <input type="checkbox"/>	Bar :	<i>Seat Cap:</i>	<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"/> Salon		
Other: _____			
1.3 Food & Beverage			1.4 Water-based
	Seating Cap	No. of Public Washrooms	<i>(application for Watercraft Licence must also be completed)</i>
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 <i>Profile of Company</i>				
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?(State the most recent)

☐ Yes Cabinet Conclusion No: _____

☐ No

SECTION 5 Land/ Property Ownership				
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 # _____
Size of Property:		No <input type="checkbox"/>	Approval in Principle <input type="checkbox"/>	Approval Date: _____
Lease of Queen's Chain <input type="checkbox"/> Yes <input type="checkbox"/> No		Lodging 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	

Use of vehicle or vessel	Type of vehicle	Number of vehicle(s)

SECTION 7- Employment Projections

SECTION 7.1				
	Full Time		Temporary	
No. of Employees during the construction phase	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

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Declaration 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.....
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ATTACHMENT TO THE TOURISM INCENTIVE APPLICATIONS

The following attachments must be submitted along with the completed Application Form:

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 complete set of legible drawings
5. Proof of Development Control Authority approval
6. Proof of Water and Sewage Company (WASCO) approval
7. Proof of commitment by financial institution
8. Copy of Work Schedule
9. Copy of EIA Report
10. Copy of Certificate of Compliance (Inland Revenue Department and National Insurance Corporation)

11. Certificate of Incorporation
12. Certified copy of Alien's Land Holding License
13. Certificate of Character (for first time applicants only)
14. Bill of Quantities
15. **All applicants are subject to an interview process with officials of the Ministry**

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

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