



NEW YORK
STATE OF
OPPORTUNITY™

**Empire State
Development**

**Musical and Theatrical Tax Credit Program
Project Summary - Initial Application**

Project Title:

Date Submitted:

SECTION ONE: Applicant & Production Contact Information

Applicant/Company

Business Type

Company	<input type="text"/>	EIN/SSN	<input type="text"/>
Address	<input type="text"/>		
Address2	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

<input type="radio"/> C Corp
<input type="radio"/> LLC
<input type="radio"/> LP
<input type="radio"/> S Corp
<input type="radio"/> Individual

Applicant's Primary Contact (authorized signer of this application, see instructions)

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Applicant's Secondary Contact

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Preparer of Application

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

SECTION TWO: Production General Information

1. I attest that the technical period for the qualified touring production will be conducted in a qualified production facility Yes
No

I understand that a qualified production facility must comply with each item below (check each item below to indicate your acknowledgement).

The Qualified Production Facility (check all that apply):

- Located within New York State
- Located outside of the city of New York
- Venue contains at least one stage, a seating capacity of one thousand (1,000) or more seats, and dressing rooms, storage areas, and other ancillary amenities necessary for the qualified musical and theatrical production
- Ticket sale receipts constitute seventy-five (75) percent or more of gross receipts of the facility
- Not a licensee, or affiliated with a licensee, of the NYS gaming commission under racing, pari-mutuel wagering and breeding law

2. I attest to the fact that the production will be a qualified touring production (check each item below to indicate your acknowledgement). Yes No

The Qualified Touring Production (check all that apply):

- Live, dramatic stage production that, in its original or adaptive version, is performed in a qualified production facility
- Has begun or will begin a tour consisting of eight (8) or more shows in three (3) or more localities

SECTION TWO: Production General Information (Continued)

Please complete the production schedule worksheet for performances that will comprise the qualified touring production below with the name of the venue, address, city, state, zip and if in NYS, the county, and the date of the performance.

PERFORMANCE DATES						
VENUE NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	PERFORMANCE DATE

3. I attest that I understand that the “technical period” means those activities performed by technical personnel of a qualified touring production prior to commencement of a qualified touring production, including, but not limited to, those personnel responsible for lighting, sound, wardrobe and props. I further attest that the technical period for the qualified touring production described herein has not commenced prior to my submission of this application, and that such technical period will be completed prior to any of the performances, identified in this application, constituting the qualified touring production. Yes No

Please complete the chart below regarding the qualified production facility (ies) where the technical period will be conducted.

TECHNICAL PERIOD VENUE NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TECHNICAL PERIOD START DATE

SECTION THREE: Projected Musical and Theatrical Production Expenditures

ESTIMATED EXPENDITURES FOR THE QUALIFIED TOURING PRODUCTION	
	Estimated Total Production Budget for the Qualified Touring Production
	Estimated Production Expenditures related to Qualified Production Facility, including labor
	Estimated Additional Expenditures in NYS, including transportation, travel and hotels
	Estimated Expenditures Outside of NYS

Please attach a production budget for the Qualified Touring Production that identifies qualified production expenditures (Refer to Instructions, Section Three, and Empire State Musical and Theatrical Production Tax Credit Program Part 240 at <http://esd.ny.gov/BusinessPrograms/MusicTheaterCredit.html>).

SECTION FOUR: FOIL Disclosure

The New York State Department of Economic Development is subject to the Freedom of Information Law (FOIL), which governs the process for the public disclosure of certain records maintained by the Department (See Public Officers Law, Sections 87 and 89). Applicants who submit information to the Department may request that the Department except all or part of such information from public disclosure, pursuant to Section 87(2)(a)(d) of the Public Officers Law, on the grounds that the proposal contains trade secrets, proprietary information, or that the information, if disclosed, would cause substantial injury to the competitive position of the firm submitting the information. Such exception may extend to information contained in the request itself, if public disclosure would defeat the purpose for which the exception is sought. The request for such an exception must be in writing and should state the reasons for the requested exception. It must also specify the proposal or portions thereof for which the exception is requested. The Department shall, where reasonable and appropriate, notify the applicant of any requests for confidential or proprietary materials and whether those materials are exempt from FOIL.

- Check here to indicate that you have requested protection from FOIL by enclosing a letter with this application identifying with specificity any content the business deems to be confidential, proprietary, or a trade secret as defined in Article 6 of the Public Officers law.

SECTION FIVE: Signature

Under penalty of perjury, I declare that I have personal knowledge of the contents of the application and accompanying documents, have made best efforts to verify the accuracy of the aforementioned application and accompanying documents, and, to the best of my knowledge and belief, they are true, correct and complete.

Signature _____ Title _____ Date _____

Please submit the completed application to:
Empire State Musical and Theatrical Tax Credit Program via email at filmcredits@esd.ny.gov