51A228 (5-07) Commonwealth of Kentucky **DEPARTMENT OF REVENUE** 

## APPLICATION FOR FLUIDIZED BED COMBUSTION TECHNOLOGY TAX EXEMPTION CERTIFICATE

FOR OFFICIAL USE ONLY						

Name of Business									
		Enter exact name of business, governmental unit or institution (please print or type)			Telephone Number (include area code)				
Location Facility		Number and Street	City or Town	County	State	ZIP Code			
Mailing Address									
		P.O. Box or Number and Street	City or Town	County	State	ZIP Code			
Nature Busines									
Plans must be submitted to the Department of Revenue with this application. Should the plans not be available at this time, indicate the approximate date the plans will be submitted.									
	2. A listing of equipment and materials for the facility must be included with this application. Should the listing not be available at this time, indicate the approximate date the listing will be available								
3. Is	i. Is the facility for which this application is made presently in existence? ☐ Yes ☐ No								
4. E	4. Estimated or actual capitalized cost of construction (as determined by the IRS) of the facility.								
5. E	Estimated market value of the facility for which application is made.								
6. E	Expected co	pected completion date.							
	The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.								
P	erson Autho	rized to Sign(Please print)							
S	ignature _								
Т	itle		Date						
Reti	urn complet	ed application to Department of I	Pavanua						

Return completed application to Department of Revenue, Frankfort, Kentucky 40620.

