

**FINAL APPLICATION FOR
THE QUALIFYING ATTRACTION
SALES TAX INCENTIVE**



Both the Sponsoring Entity and the Facility Operator must complete this application for DOR to determine final eligibility for the sales tax incentive.

1. Include completed Information Sharing and Assignment Agreements (Form 51A290) for all vendors that collected and remitted sales tax for the Qualifying Attraction.
2. On a separate schedule, provide the total sales tax collections for the sale of admissions to the Qualifying Attraction by vendor, including the date range for when the tickets were effective.
3. On a separate schedule, provide the total sales tax collections (excluding admissions) from the Qualifying Attraction per vendor included on the Information Sharing and Assignment Agreements. Include the date range when sales occurred for each vendor along with a description of the products and services sold by each vendor.

Sponsoring Entity Name:				
Business Location:				
	Number and Street	City	State	Zip Code
Mailing Address (If Different):				
	Number and Street	City	State	Zip Code
Other Information:				
	Federal Employee Identification Number	KY Sales & Use Account Number		
Contact Information:				
	Name	Phone Number	Email Address	
Name of Qualifying Attraction:				
Total Amount of Sales Tax Collected:				
Sales Tax Incentive Amount Requested:				
Banking Information: (If electronic funds transfer requested)				
Name of Bank	Depositor Account Number (DAN)	Routing Transit Number (RTN)	Account Type	

I, the undersigned, declare under the penalties of perjury that I have examined this application (including any attached schedules, statements or forms) and to the best of my knowledge and belief, the statements regarding this tax incentive for the Qualifying Attraction are true, complete and correct, and that I am duly authorized to sign this application. The undersigned certifies that no tax liability of any kind is due or owing the Commonwealth of Kentucky by this applicant.

Signature Title Date

Facility Operator Name:				
Business Location				
	Number and Street	City	State	Zip Code
Mailing Address (If Different):				
	Number and Street	City	State	Zip Code
Contact Information:				
	Contact Name	Phone Number	Email Address	
Sales Tax Incentive Amount Requested:				
Banking Information (If electronic funds transfer requested)				
Name of Bank	Depositor Account Number (DAN)	Routing Transit Number (RTN)	Account Type	

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