

APPLICATION FOR CERTIFICATION STATEMENT

I certify the following:

1. I am at least 18 years old.
2. I have authority to make the representations on behalf of the undersigned Applicant with respect to this Application and all accompanying documents, whether submitted simultaneously or in a supplemental manner (collectively "the Application").
3. I have authority to submit the Application and accompanying documents to the Florida Department of Commerce ("Department") on behalf of the Applicant.
4. The Applicant understands that the Application and the information contained in it are material representations of fact upon which the Department will rely in determining whether to authorize and issue tax credits. If it is later determined by the Department that the Applicant knowingly provided inaccurate information or knowingly omitted material information in its Application, in addition to other remedies available, the Department may deny the Application or may terminate an authorization or issuance of tax credits based on the Application for cause or default.
5. The Applicant reviewed the Application and certifies, to the best of its knowledge and belief, that the information in the Application is accurate and complete as of the date submitted to the Department.
6. The Applicant agrees that it must provide immediate written notice to the Department if at any time the Applicant learns that the Application contained inaccurate information when submitted to the Department or that information has become inaccurate due to changed circumstances.
7. The Applicant authorizes the Department to verify the information in its Application from any source.
8. The Applicant:
☐ is ☐ is not

delinquent with respect to any non-protested Florida state taxes (state income, state sales and use, and state insurance). (If answer is affirmative, provide explanation on a separate sheet of paper.)
9. The Applicant:
☐ has ☐ has not

announced its intention to file for bankruptcy and is not currently in a bankruptcy proceeding. (If answer is affirmative, provide explanation on a separate sheet of paper.)

10. The Applicant:

☐ is ☐ is not

a named party in any pending or threatened lien actions or other litigation that would materially impact the Applicant's viability. (If answer is affirmative, provide explanation on a separate sheet of paper.)

11. The Applicant, Applicant's owners, principals, and executives:

(If any of the below answers is affirmative, provide explanation on a separate sheet of paper.)

a. ☐ have ☐ have not

within the three-year period preceding this Application, been found guilty of a felony;

b. ☐ are ☐ are not

currently under indictment for or charged with a felony; and,

c. ☐ are ☐ are not

currently on parole or probation for a felony.

12. The Applicant hereby affirms it is enrolled in, and will continue to participate in, the E-Verify federal work authorization program with respect to employees hired after enrollment who are proposed to work in connection with activities to be conducted under the program that is the subject of the Application. See § 448.095, Fla. Stat.

13. The Applicant understands that if it is found to have employed an unauthorized alien in Florida without verifying the employment eligibility of such person, the Applicant will be required to repay any economic development incentive. See § 448.09, Fla. Stat.

14. The Applicant agrees to give the Department, the Florida Department of Revenue, the Florida State Auditor, and their authorized representatives, access to any records (electronic and otherwise) of Applicant related to the Application, and to the investments and funds that are the subject of the Application, to conduct inspections, audits, or other investigations. The Applicant also agrees to give timely and reasonable access to its personnel for the purpose of interview and discussion related to such records or inspections.

15. The Applicant agrees that it will not provide an eligible investment to a business that is a foreign entity as defined in section 288.0071, Florida Statutes. The Department may terminate an authorization or issuance of tax credits if an eligible investment is provided to a foreign entity.

Signature of Authorized Representative of
Applicant

Type or Legibly Print Name of Authorized
Representative of Applicant

Type or Legibly Print Title of Authorized
Representative of Applicant

Type or Legibly Print Applicant's Name

The foregoing instrument was acknowledged before me this ____ [Insert Day] day of ____ [Insert
Month], ____ [Insert Year], by ____ [Insert Name of Affiant].

Personally known _____
OR Produced Identification _____
Type of Identification Provided _____

PRINT, TYPE OR STAMP NAME OF
NOTARY

[Affix Seal]