



GOVERNMENTAL PUBLIC FACILITY APPLICATION FOR SALES TAX REBATE

Name	Name of Governmental Entity <i>(please print or type)</i>	Name of Public Facility			
Public Facility Location Address					
	Number and Street	City	County	State	ZIP Code
Mailing Address <i>(if different)</i>					
	Number and Street	City	County	State	ZIP Code

(1) What is the governmental entity's effective date of qualification for the sales tax rebate? _____

(2) Total amount of tax rebate requested \$ _____
(Per KRS 139.533(2)(c), the total tax rebate shall not exceed \$250,000 in each calendar year.)

(3) Please list account information below for sales of admissions or tangible personal property included in the rebate request:

Vendor Name	SU #	Tax Periods	Tax Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Per KRS 139.533(4), a qualified applicant shall file a request within 60 days following the end of each calendar quarter. A Vendor Agreement (Form 51A402) must be completed for each third party vendor listed above.*

(4) Was compensation claimed when tax was remitted to state? Yes No

(5) Banking information *(if electronic fund transfer requested)*.

Name of Bank _____

Depositor Account Number (DAN) _____

Routing Transit Number (RTN) _____

Account Type: Checking
 Savings Other

I, the undersigned, declare under the penalties of perjury that I have examined this application (including any attached schedules, or statements) and to the best of my knowledge and belief, the statements contained herein are true, complete and correct, and that I am duly authorized to sign this application. It is understood that the books and records supporting this rebate application must be maintained for a period of four years from the date the rebate is issued and are subject to audit at the discretion of the Department of Revenue. I, the undersigned, consent and agree that any excess amount refunded pursuant to this application shall be recovered within four years from the date the rebate is issued. The undersigned certifies that no tax liability of any kind is due or owing the Commonwealth of Kentucky by this applicant.

Contact Information:

Name *(please print or type)*: _____

Title: _____

Phone: _____

E-mail: _____

Signed: _____

Date: _____