

**APPLICATION FOR
Gulf Opportunity Zone Act 2005
Tax-Exempt Bonds**

State Office Completes

(1) Name, address, phone number, and email of Applicant (Issuer):

Approved

(2) Bonds being issued for the benefit of:

\$ _____
Allocation Amount

(3) Name and address of Bond Counsel:

Allocation Expires

Assigned Number

(4) Requested allocation for GO Zone Bonds: \$ _____

(5) Is the project to replace property damaged or destroyed by Hurricane Katrina? Yes _____ No _____

Percent of GO Zone allocation that will be used to replace property damaged or destroyed by Hurricane Katrina? _____

(6) Project(s) name and a brief description of each project. Include the location of each project and the amount requested for each project. Include information on the number of jobs, capital investment, and salary range or attach an inducement letter.

(7) Would any of the project(s) you are requesting an allocation from GO Zone Bonds be eligible for Volume Cap or any other tax-exempt financing? Yes _____ If Yes, please attach an explanation. No _____

(8) ISSUER CERTIFICATION: On behalf of _____, I hereby certify that the issuer has been provided with information satisfactory to it indicating that the sources of payment available to pay anticipated debt service on the bonds to be issued to finance the project (s) described in this application are expected to be adequate for such purpose and that all the information contained in this application is, to the best of my knowledge, in all parts true and correct.

Signed: _____ Title: _____ Date: _____

(9) Opinion of Bond Counsel: I have reviewed the above application and I am of the opinion, based on information provided to me by the Issuer, that the project(s) described in the above application meets the qualifications under the Gulf Opportunity Zone Act of 2005 "Act" for an allocation of GO Zone Bonds and the Issuer is qualified under the act to issue the bonds to finance the project(s) described in the above application.

Signed: _____ Firm: _____ Date: _____

Please provide a contact person, their telephone number and e-mail address.

Return form to: Department of Finance

**Attn: Pat Haigler
c/o Debt Management Division
100 North Union Street, Room 224
Montgomery, AL 36130**