



MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY
MEAT PROCESSING FACILITY INVESTMENT TAX CREDIT APPLICATION

**MISSOURI FORM
 MPF**
 Chapter 135.686

PLEASE TYPE OR PRINT

SECTION 1 - MEAT PROCESSING FACILITY INFORMATION

| | | | |
|--|-------------------------------|---|--|
| NAME OF MEAT PROCESSING FACILITY | | BUSINESS FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER | |
| CONTACT NAME | | COUNTY | |
| 911 ADDRESS | | MAILING ADDRESS (IF NOT THE SAME AS 911 ADDRESS) | |
| CITY | STATE | ZIP CODE | |
| TELEPHONE NUMBER | CELL NUMBER | E-MAIL ADDRESS | |
| INDIVIDUAL OR BUSINESS TAX YEAR <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year | NAICS/SIC CODE | MISSOURI STATE REPRESENTATIVE DISTRICT # | |
| ENDING DATE OF FISCAL YEAR | BEGINNING DATE OF FISCAL YEAR | MISSOURI STATE SENATORIAL DISTRICT # | |

PROCESSOR IS
 Individual Partnership S-Corporation Corporation Trust Limited Liability Company

If member is a Partnership, S-Corporation, Trust, or Limited Liability Company, identify the names, social security numbers, federal employer identification numbers and proportionate share of ownership of each beneficiary, partner or shareholder below. Aggregate proportionate shares or percent of ownership may not exceed 100%.

| Name | Social Security Number | Federal Employer ID Number | Proportionate Share of Ownership |
|------|------------------------|----------------------------|----------------------------------|
| | | | |
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|--|--|
| WHAT IS YOUR INSPECTION STATUS? <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Exempt | IF YOU CHECKED FEDERAL, WHAT IS YOUR ESTABLISHMENT NUMBER? |
|--|--|

BY PARTICIPATING IN THIS TAX CREDIT PROGRAM, DID YOU CREATE ANY NEW JOBS?
 No Yes

If you answered yes above:

Number of full-time permanent _____

Number of part-time permanent _____

Number of construction jobs _____

SECTION 2 - ATTACHMENTS

Required attachments for tax credit eligibility

1. Production certification form by process meat type in pounds and gross sales.
2. Qualified expense schedule with paid invoices; and cancelled checks and/or paid contracts by calendar year.

SECTION 3 - CERTIFICATION OF MEAT PROCESSING FACILITY

Pursuant to the "Guidelines and Procedures" document for the "Meat Processing Facility Tax Credit Program" issued by the Missouri Agricultural and Small Business Development Authority, the applicant (signing below) hereby certifies, subject to penalties of perjury, the following:

1. I have received and read the Program Guidelines and Procedures.
2. I am not (i) a commissioner or employee of the Missouri Agricultural and Small Business Development Authority, (ii) a member of the Missouri General Assembly, (iii) a state-wide elected official, (iv) a director of a state department, or (v) a spouse or dependent child of any of the above [either of] who has a substantial interest in the Meat Processing Facility entity shown in Section 1. Substantial interest is defined as ownership by the individual, the individual's spouse, or the individual's dependent children, whether singularly or collectively, of ten percent or more of the meat processing facility.
3. I, the undersigned, to the best of my knowledge, information and belief declare that the information submitted is true, correct, and complete, and I hereby agree to comply with the requirements of the program as specified above.
4. The meat processing facility must be located in Missouri.
5. The meat processing facility will retain all documentation relating to the program for at least seven years from the date of the grant of tax credits, and will allow the Authority to audit such information within that seven-year period.
6. The eligible meat processing facility agrees that MASBDA staff will be allowed to visit the facility on no less than an annual basis through the third year and will provide to MASBDA information relating to: 1) expansion progress 2) most recent financial information, and 3) verification of current number of employees.
7. The eligible meat processing facility agrees to annually, for a period of three years following issuance of tax credits, provide to the Missouri Agricultural and Small Business Development Authority information confirming: (1) pounds of meat product by type and quantity by pound; (2) gross sales of pounds of meat product processed.

I, the undersigned, declare that I have examined the application submitted to the Missouri Agricultural and Small Business Development Authority for the Meat Processing Facility Tax Credit Program, including accompanying exhibits, and to the best of my knowledge, information and belief, it is true, correct, and complete, and I hereby agree to comply with the requirements of the program as specified above.

| SIGNATURE | TITLE | DATE |
|-----------|-------|------|
| | | |

SECTION 4 - CHECKLIST

- \$100.00 non-refundable application fee enclosed
- All Trust, Partnership, S-Corporation, or Limited Liability Company Information included (i.e.: Joe Doe SS#000-00-0000 50% owner; Jane Doe SS#000-00-0001 50% owner)
- I am a new producer with no previous production
- Production Certification Form
- Qualified Expenses Form
- I have enclosed documentation of all paid invoices and cancelled checks, receipts of payment and/or paid contracts
- Certification of Citizenship/Immigration Status form, Proof of Legal Residence, and Affidavit of Authorized Workers (if you employ others)
- Copy of Drivers License

RETURN COMPLETED FORM AND \$100 APPLICATION PROCESSING FEE MADE PAYABLE TO "MASBDA":

MISSOURI AGRICULTURAL AND SMALL BUSINESS
 DEVELOPMENT AUTHORITY (MASBDA)
 P.O. BOX 630, 1616 MISSOURI BLVD
 JEFFERSON CITY, MO 65102-0630
 TELEPHONE: (573) 751-2129

DATE RECEIVED IN OFFICE



MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY
QUALIFIED EXPENSE SCHEDULE

List all expenses (by total) for one calendar year, by categories listed below. Attach additional sheets if needed.

Building Construction (including livestock handling, product intake, storage, and warehouse facilities)

Upgrades to Utilities (to include: water, electric, heat, refrigeration, freezing, and waste facilities)

Livestock intake and storage equipment

Processing and manufacturing equipment (includes: cutting equipment, mixers, grinders, sausage stuffers, meat smokers, curing equipment, pipes, motors, pumps, and valves)

Packaging and handling equipment (includes: sealing, bagging, boxing, labeling, conveying, and product moving equipment)

Warehouse equipment (includes storage and curing racks)

Waste treatment/management equipment (includes: tanks, blowers, separators, dryers, digesters, and equipment that uses waste to produce energy, fuel, or industrial products)

Computer software (includes: software and hardware related to all business functions as well as logistics, inventory management, plant production controls, and temperature monitoring controls)

Retail facilities/equipment (if the retail facility is located at the same location as the meat processing facility)

*** Note: We will need copies of all paid invoices and cancelled checks, receipts of payment, and/or paid contracts for all money spent in the calendar year for which you are applying for the tax credit.

*** Note: Modernization or expansion activity(ies) paid for or reimbursed by state or federal funds are not considered eligible expenses for the Meat Processing Facility Investment Tax Credit.



MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY
MEAT PROCESSING FACILITY INVESTMENT TAX CREDIT PRODUCTION CERTIFICATION

I _____, _____, of _____
 (INDIVIDUAL NAME) (POSITION) (MEAT PROCESSING FACILITY)

certify, subject to penalties of perjury, that the following three year's production history is true, correct, and complete, and will be used to establish a baseline of production for an application to the Missouri Agricultural and Small Business Development Authority (MASBDA) for the Meat Processing Facility Investment Tax Credit program.

Please complete the following information for the three years immediately prior to the year in which your facility modernization and expansion took place: (For example, if you are applying for a tax credit based on expenses incurred during calendar year 2017, please submit production and gross sales for years 2016, 2015, and 2014.)

| YEAR | YEAR | YEAR | FOR MASBDA USE ONLY |
|---------------------------------|---------------------------------|---------------------------------|---------------------|
| POUNDS OF BEEF | POUNDS OF BEEF | POUNDS OF BEEF | |
| POUNDS OF PORK | POUNDS OF PORK | POUNDS OF PORK | |
| POUNDS OF SHEEP | POUNDS OF SHEEP | POUNDS OF SHEEP | |
| POUNDS OF GOAT | POUNDS OF GOAT | POUNDS OF GOAT | |
| POUNDS OF CHICKEN | POUNDS OF CHICKEN | POUNDS OF CHICKEN | |
| POUNDS OF TURKEY | POUNDS OF TURKEY | POUNDS OF TURKEY | |
| POUNDS OF DEER | POUNDS OF DEER | POUNDS OF DEER | |
| POUNDS OF BY-PRODUCTS | POUNDS OF BY-PRODUCTS | POUNDS OF BY-PRODUCTS | |
| POUNDS OF OTHER | POUNDS OF OTHER | POUNDS OF OTHER | |
| TOTAL POUNDS PRODUCED | TOTAL POUNDS PRODUCED | TOTAL POUNDS PRODUCED | 3 YEAR BASELINE |
| TOTAL FACILITY GROSS SALES (\$) | TOTAL FACILITY GROSS SALES (\$) | TOTAL FACILITY GROSS SALES (\$) | 3 YEAR BASELINE |

I further certify, subject to penalties of perjury, the above information is true, correct, and complete and the Missouri Agricultural and Small Business Development Authority may request additional information including, but not limited to, tax records and financial records to verify the submitted information.

| | |
|----|------|
| BY | DATE |
|----|------|

| | |
|------|-------|
| NAME | TITLE |
|------|-------|

| |
|----------------------------------|
| NAME OF MEAT PROCESSING FACILITY |
|----------------------------------|

| | | |
|--|---------------------------------------|--|
| NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL | STATE | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS | |
| | DAY OF YEAR | USE RUBBER STAMP IN CLEAR AREA BELOW. |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | |

ADDITIONAL DOCUMENTATION

If a valid Missouri driver's license is not available for this verification, other items that can be provided are listed below. Please provide one or more of the following from each of the categories below.

Proof of Lawful Presence for U.S. Citizens*

One of the following:

- U.S. Birth Certificate (certified with embossed or raised seal issued by state or local government)
- U.S. Passport (valid)
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad

Proof of Identity

Provide Social Security Number, if one has been assigned; or If a Social Security Number has not been assigned, the applicant must present a letter from the Social Security Administration (SSA) regarding the status of the applicant's Social Security Number.

Proof of Name Change:

One of the following:

If the name on the document you present for proof of lawful presence does not match your current name, present one of the documents below showing your current name.

- U.S. Passport (valid)
- Social Security Card/Medicare Card
- Certified Marriage License
- Certified Divorce Decree
- Certified Court Order
- Certified Adoption Papers or Amended Birth Certificate

Proof of Residency (A Post Office Box will not be allowed as a resident address.)

One of the following:

- Utility bill, most recent (phone, water, gas, electric, trash or sewer, etc.)
- Voter registration card, most recent
- Bank statement, most recent
- Government check, most recent
- Pay check, most recent
- Property tax receipt, most recent
- Housing rental contract of current residence
- Mortgage documents of current residence
- An official letter or document from another state or local government agency, not previously listed, which is on the agency's letterhead or contains the official seal of the issuing agency issued within the previous 30 days
- Letter or other documentation issued by the postmaster within the previous 30 days establishing residency
- Other government document that contains the name and address of the applicant issued within the previous 30 days

CERTIFICATION OF CITIZENSHIP/ IMMIGRATION STATUS

By affixing my (our) signature below, I (we) hereby certify, subject to penalty of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

I am a United States Citizen or have been granted lawful permanent residence* of the United States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity in order to apply for any state programs.

| | | |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
| SIGNATURE | TITLE | DATE |

*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship, identity, and residency at the time of applying for any state administered benefits. You must provide a copy of your valid Missouri driver's license with this application. If you do not have or cannot provide this, please see "Additional Documentation" on page 2 for allowed alternatives.

EMPLOYER STATUS

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

(Please select the statement that applies)

- I DO NOT employ others in an employer- employee relationship.
- I employ others in an employer- employee relationship. (If this statement is chosen you must also complete the Affidavit of Authorized Workers.)

| | | |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
| SIGNATURE | TITLE | DATE |

AFFIDAVIT OF AUTHORIZED WORKERS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be a credible person and of lawful age, who being by me first duly sworn, on _____ oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.

I (We) hereby certify, subject to penalties of law, that I(we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired and currently employed by me, my business, and/or any other business entity which I have hiring or management authority.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. This documentation includes the Memorandum of Understanding (MOU) established with the USCIS Verification Division when enrolling in E-verify.

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

| | | |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
| SIGNATURE | TITLE | DATE |

NOTARY

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|--|--|-------------------------------|
| NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL | STATE | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF | YEAR |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | |

USE RUBBER STAMP IN CLEAR AREA BELOW.