

PRODUCTION INFORMATION:

*Project Title:

Director:

Executive Producer(s):

Producer(s):

Production Co./Studio:

Principal Cast:

UPM/Line Producer:

*Point of Contact:

Head Accountant:

Line Manager:

Local Principal Casting Director:

Local Extras Casting Director:

*TYPE OF PRODUCTION: Please check this box certifying that the production is intended for exhibition and reasonable commercial exploitation.

*PRODUCTION DESCRIPTION: Brief synopsis of the project:

PRODUCTION COMPANY (The entity that will be registered with the state to claim the tax rebate) **The name on this application must match exactly the name registered with the Secretary of State.**

*Company Name:

*Permanent Business Address:

*City:

*State/Province:

*Postal Code:

*Country:

*Principal Contact:

*Phone Number:

Cell Phone Number:

*Email Address:

Web Address:

*Type of Entity:

Federal Tax I.D.:

State of Incorporation:

Fiscal Year:

LOCAL PRODUCTION OFFICE:

Company Name:

Address:

City:

Postal Code:

Principal Contact:

Phone Number:

Cell Phone Number:

Email Address:

Web Address:

FILMING LOCATION:

County:

*KY Prep Days:

*through:

Total # of days:

*KY Shoot Days:

*through:

Total # of days:

*Post Production Days:

*through:

Total # of days:

If shooting in another location other than Kentucky, please list location and dates:

Total Number of Above The Line Cast/Crew:

*Anticipated Compensation for Resident Above The Line:

*Anticipated Compensation for Non-Resident Above The Line:

Total Number of Below The Line Crew:

*Anticipated Compensation for Resident Below The Line Crew:

*Anticipated Compensation for Non-Resident Below The Line Crew:

*Anticipated total Kentucky eligible expenditures:

(Not including Cast & Crew compensation)

CERTIFICATION:

*By submitting this application, I certify that the production does not violate a provision of K.R.S. 148.542 thru K.R.S. 148.548. I agree

*By submitting this application, I certify that the production is intended for exhibition and reasonable commercial exploitation. I agree

*By submitting this application, I certify that the production, if a long-form narrative, will have an onscreen credit from the Commonwealth of Kentucky. I agree

*Agent Authorized to sign for Company:

*Title:

*Phone Number:

*Email:

*Date:

*I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above. I agree