



APPLICATION FOR CONCESSIONS

FOR NEW & EXISTING

MANUFACTURING/PROCESSING **OPERATIONS**

CONCESSIONS WILL BE GRANTED UNDER THE
FISCAL INCENTIVES ACT CHAPTER 84:51
OF THE LAWS OF THE COMMONWEALTH OF DOMINICA

This application must be accompanied by the following:

1. **Copy of the notice of approval and approved architectural plans from the Physical Planning Division confirming that permission to build the facility (as proposed) has been granted.**
2. **Copy of land registration or a copy of property lease agreement.**
3. **A copy of the Business Registration Certificate.**
4. **A Business Plan that supports the financial projections.**
5. **A letter indicating compliance with the Bureau of Standards and the Environmental Health Unit (if required).**
6. **Copy of work permit (if required).**

Please address to:

INVEST DOMINICA AUTHORITY
First Floor, Financial Centre
Kennedy Avenue
Roseau
COMMONWEALTH OF DOMINICA

Tel: (767) 448 -2045
Fax: (767) 448 -5840
Email: info@investdominica.dm
Website: www.investdominica.com

SECTION A

SELECT PURPOSE OF APPLICATION

- NEW INVESTMENT
- EXPANSION
- EXTENSION OF CONCESSIONS

1. Company/Enterprise Name:

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(a) Address:

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(b) Telephone: Fax:

Email: Web site.....

2. Contact Person: Position:

(a) Address:

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(b) Telephone: Fax:

Email: Website.....

3. Indicate whether:

(a) sole proprietorship

- (b) public/private company
- (c) partnership
- (d) other (please state)

4. Date of business registration/ incorporation: Month Year

5. Is the company a subsidiary of another company? Yes..... No

If YES, name of parent Company:

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6. Ownership:

i. local % ii. foreign %

7. Shareholders/Owners:

NAME	NATIONALITY	COUNTRY OF RESIDENCE	SHARES HELD (%)

8. Give details of business background of major shareholders/owners:

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9. Give a brief description of the proposed project:

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Space required (sq. ft):

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10. Is factory building available?

(a) If YES, what is the address?

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(b) If NO, do you:

i. Intend to obtain your own building? Yes..... No.....

(c) If you answered NO to (b) (i), please provide details:

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11. State the location for the proposed development:

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12. What is the projected start-up date of the enterprise?

Month: Year:

13. What is the projected start-up date for the expansion / extension?

Month: Year:

14. Please indicate whether any of the share holders of the company in question have received concessions as a shareholder or sole proprietor (from the Government of Dominica), in respect to any development enterprise? Give details.

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15. **Experience and Training**

(a) What is the applicant's experience in this type of operation?

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(b) What experience is available to the operation?

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(c) Outline the plans for training employees:

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SECTION B

Annual production envisaged:

Product	Annual Quantity	Price/Unit	Value EC \$

Market:

1. Anticipated market(s) for proposed product(s)

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
(a) For domestic consumption: % % %
(b) For regional (OECS) Countries: % % %
(c) For other CARICOM Countries: % % %
(d) For extra regional export: % % %
TOTAL:	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>

2. List the countries to which the product(s) is/are to be exported:

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3. Outline the marketing plan to be employed relative to:

(a) Product

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(b) Pricing (your facility vs competition)

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(c) Promotion (tools and budget)

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(d) Place (geographic markets)

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4. What is the break-even output of the plant?

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(a) Could this be met locally? YES..... NO.....

SECTION C

1. Investment Required:

Currency used (EC \$) Rate of exchange: US \$1.00 = EC \$2.70

	EQUITY		LOAN		TOTAL
	Local	Foreign	Local	Foreign	
Land					
Building					
Machinery & Equipment					
Total Assets					
Working Capital					
TOTAL					

2. Total Investment Breakdown

Year 1		Year 2		Year 3		Year 4	
Description	Expenditure/ Investment	Descripti on	Expenditure/ Investment	Descriptio n	Expenditure/ Investment	Description	Expenditure/ Investment
Site preparation							
Total - \$		Total - \$		Total - \$		Total - \$	
TOTAL EXPENDITURE =							

3. Labour Inputs:

	Year 1		Year 2		Year 3	
Positions	No.	Cost	No.	Cost	No.	Cost
Managerial						
Supervisor						
Skilled						
Unskilled						
Other						
Total						

Suggested Format for Projected Cash Flow Statements

COMPANY X

Three Year Earnings Projections

	Year 1	Year 11	Year 111
Revenue:	EC\$	EC\$	EC\$
Product (1)			
Product (2)			
Product (3)			
Product (4)			
Other			
Total Revenue			
Operating Expenses:			
Salaries/Wages			
Adv. & Promotions			
Insurance & Licences			
Utilities			
Maintenance			
Purchases			
Sanitation & Supplies			
Telephone & Fax			
Automobile Expense			
Miscellaneous			
Earnings before Int. & Depreciation			
Interest			
Depreciation			
Net Earnings			

SECTION D - CONCESSIONS

1. List the concessions requested:

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This section is related to the previous concessions granted to the enterprise.

1. Was the enterprise able to meet the required level of investment?

Yes No

If NO, please explain:

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2. Was the enterprise able to meet the required level of employment?

Yes No

If NO, please explain:

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3. Is the enterprise compliant with the Dominica Social Security & Inland Revenue Division:

Yes No

If NO, please explain:

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4. Did the enterprise submit its audited annual account to Invest Dominica Authority?

Yes No

If NO, please explain:

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5. Is the enterprise in compliance with the Dominica Bureau of Standards?

Yes No.....

If NO, please explain:

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6. Is the enterprise in compliance with the Environmental Health Unit?

Yes No

If NO, please explain:

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7. Please provide relevant information from your enterprise's experience with this project which can be useful to Invest Dominica Authority.

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8. Please provide any other information which will help us to process your application:

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9. Do you require any additional information from Invest Dominica Authority?

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10. The Constitution of the Commonwealth of Dominica enshrines certain fundamental rights of the individual. Please comment on the attitude of the company towards the right to organize on the part of the workers:

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11. I certify that to the best of my knowledge, the information given in this application and in the attached documents are correct in light of the information currently available.

Name:

Signature: Date:.....

APPENDIX I

Format for submission of Master List of items for duty free concessions

Company Name:.....

Company Tele #:

Cabinet Decision No.....

Date of Cabinet Decision

1. Equipment & Machinery

No.	Item	Quantity	Units
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

2. Building Materials

No.	Item	Quantity	Units
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Promoter's Signature

Designated Signature