



ASTCP Support Contract

LOG NUMBER (OFFICIAL USE ONLY)

AMATEUR SPORTING TAX CREDIT PROGRAM SUPPORT CONTRACT SUBMISSION FORM

1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME OF INDIVIDUAL OR ENTITY

1b. TYPE OF ENTITY

IF APPLICANT IS A BUSINESS ENTITY:			IF APPLICANT IS AN INDIVIDUAL TAXPAYER:	
Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	Corporation <input type="checkbox"/> Regular <input type="checkbox"/> Subchapter S <input type="checkbox"/> Trust <input type="checkbox"/> LLC		<input type="checkbox"/> Property Owner <input type="checkbox"/> Other (specify) _____	
NAME OF AUTHORIZED COMPANY OFFICIAL		TITLE	MAILING ADDRESS	
BUSINESS ADDRESS			CITY/TOWN	
CITY/TOWN	STATE	ZIP CODE	STATE	ZIP CODE
TELEPHONE	FAX		TELEPHONE	FAX
TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)			SOCIAL SECURITY NUMBER	
NAICS CODE (See Definitions in Guidelines)	BUSINESS SIZE (Number of Employees Including Company Owners)		SPOUSE SOCIAL SECURITY NUMBER (if applicable)	
EMAIL ADDRESS			EMAIL ADDRESS	

HAS THE ENTITY/INDIVIDUAL (1a) EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?

YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

2. PROJECT CONTACT

Applicant Owner Other (Consultant, etc.)

NAME				
ADDRESS				
CITY/TOWN			STATE	ZIP CODE
TELEPHONE	EMAIL ADDRESS		FAX	

HAS THE 'CONTACT' EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?

YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

3. SPORTING EVENT INFORMATION (ATTACH ADDITIONAL PAGES IF NECESSARY)

TYPE OF EVENT

EVENT ADDRESS

CITY/TOWN

STATE

ZIP CODE

COUNTY

EVENT DATE

4. ADDITIONAL DOCUMENTS REQUIRED

PLEASE SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:

- A copy of the Support Contract for the Sporting Event
- Explanation of any changes or updates to the Project Proposal