

**APPLICATION FOR EXTENSION/RENEWAL/AMENDMENT OF CONCESSIONS**

**FOR**

**MANUFACTURING/PROCESSING OPERATIONS**

**CONCESSIONS WILL BE GRANTED UNDER THE**

**FISCAL INCENTIVES AMENDMENT ACT NO. 3 OF 2019 OF THE LAWS OF THE COMMONWEALTH OF DOMINICA**

**This application must be accompanied by the following:**

1. **Copy of financial statements.**
2. **Proof of funding approval in case of loan funding (if required)**
3. ***The enterprise must be in compliance with:***
4. **The requirements of the Dominica Tourism Regulations and Standards Act No. 19 of 2005.**
5. **Tax requirements administered by the Inland Revenue Division**
6. **Social Security requirements administered by the Dominica Social Security**
7. **Business registration requirements administered by the Companies and Intellectual Property Office**
8. **Requirements administered by the Physical Planning Division**
9. **Health requirements administered by the Environmental Health Unit**
10. **Any other requirements under the laws of the Commonwealth of Dominica**

1. Company/Enterprise Name:

………………………………………………………………………...............….......

1. Address: ………………………………………………………………………………………………………………………………………………………………………………………………................................................................................................
2. Telephone: …………………….……… Fax: ………………..............................

Email: ...................................................... Web site………………………………

1. a. What is the status of the business?

Pre-construction Construction Operational Not Operational

b. Briefly describe the business’/ project’s status as identified in (a) above.

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1. Explain why you are requesting an extension/amendment or renewal of concessions?

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1. Which concessions previously granted were used for the business?

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1. Outline/ describe the upgrade/improvement/ rehabilitation etc. undertaken since the granting of previous slate of concessions

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1. List the concessions being requested:

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

YES ............ NO ......................

If NO, please explain:

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1. Please indicate the investment level to date

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1. Please indicate the **new proposed** investment amount

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EQUITY** | | **LOAN** | | **TOTAL** |
|  | Local | Foreign | Local | Foreign |  |
| Preliminary costs  Plans, assessments etc. |  |  |  |  |  |
| Land |  |  |  |  |  |
| Building |  |  |  |  |  |
| Machinery & Equipment |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

1. Please indicate type of funding of new proposed investment amount
2. Loan
3. Equity
4. Was the enterprise able to meet the required level of employment under the previous concessions?

YES ............ NO ......................

If NO, please explain:

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1. Please indicate the current employment provided and the expected new employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee** **Positions** | **Current** | **Proposed New** | **Total employment** |
| Managerial |  |  |  |
| Supervisor |  |  |  |
| Skilled |  |  |  |
| Unskilled |  |  |  |
| Other |  |  |  |
| **Construction** |  |  |  |

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

YES ............ NO ......................

If NO, please explain:

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

Name: ………………………………………………….....…………...........………

Signature: …………………………………… Date: ..........................………

**Please address to:**

**INVEST DOMINICA AUTHORITY**

First Floor, Financial Centre

Roseau

**COMMONWEALTH OF DOMINICA**

Tel: (767) 448-2045

Fax: (767) 448-5840

Email: [info@investdominica.dm](mailto:info@investdominica.dm)

Website: [www.investdominica.com](http://www.investdominica.com)