

KHC Form TC-00 Rev. June 2021 Page 1 of 1	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Intent to Apply for Major Certified Rehabilitation	Date Received
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This document is a preliminary notice of Intent to Apply for the major certified rehabilitation (KRS 171.3963) for a certified historic structure, for a tax credit against the taxes imposed by KRS 141.020 or 141.040 and 141.0401, with the ordering of credits as provided in KRS 141.0205.

Notice of Intent to Apply must be received by the Kentucky Heritage Council **no later than October 1, 2021**, and substantial rehabilitation of the certified historic structure must begin prior to December 31, 2021, which is the legislative requirement.

1. **Property Name** (if unknown, leave blank): _____
 Street: _____
 City: _____ County: _____ State: **KY** Zip: _____

2. **Estimate of Total Qualified Rehabilitation Expenditures:** _____
 ** Total project cost must exceed \$50,000,000.

3. **National Register Listing** (refer to the tax credit Instructions and Guidelines or visit www.heritage.ky.gov and click on the National Register button for more):
 Property was individually listed on the National Register of Historic Places on or before December 31, 1981.
 Date of National Register listing: _____
 (Please attach a letter from Kentucky National Register Coordinator Lisa Thompson confirming this listing date.)

4. **Additional Requirement:**
 Square footage of the historic structure exceeds 300,000 square feet.
 (Please attach documentation indicating that project meets this requirement.)
 Following Major Certified Rehabilitation, the historic structure will be used as a hotel, tourism destination, or other use supporting or relating to the promotion of tourism to and within the Commonwealth.

5. **Project contact:** Name: _____ Organization: _____
 Street: _____ City: _____ State: _____
 Zip: _____ Telephone Number: _____ E-Mail Address: _____

6. **Applicant:** I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that (check one box) (1) I am the owner or authorized representative of the owner of the above-described property within the meaning of "owner" set forth in 300 KAR 6:010, Section 1(16), or (2) I am not the owner of the above-described property, the owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which is attached to this application form and incorporated herein.

Name: _____ Organization: _____
 Signature: _____ Date: _____
 Social Security or Taxpayer Identification Number: _____
 Street: _____ City: _____ State: _____
 Zip: _____ Telephone Number: _____ E-Mail Address: _____

Kentucky Heritage Council Office Use Only

The Kentucky Heritage Council has reviewed this Application for the above-named property and has preliminarily determined:
 Property is a "certified historic structure" for the purpose of rehabilitation and meets the requirements for a Major Certified Rehabilitation.

 Kentucky Heritage Council /State Historic Preservation Office Authorized Signature

 Date