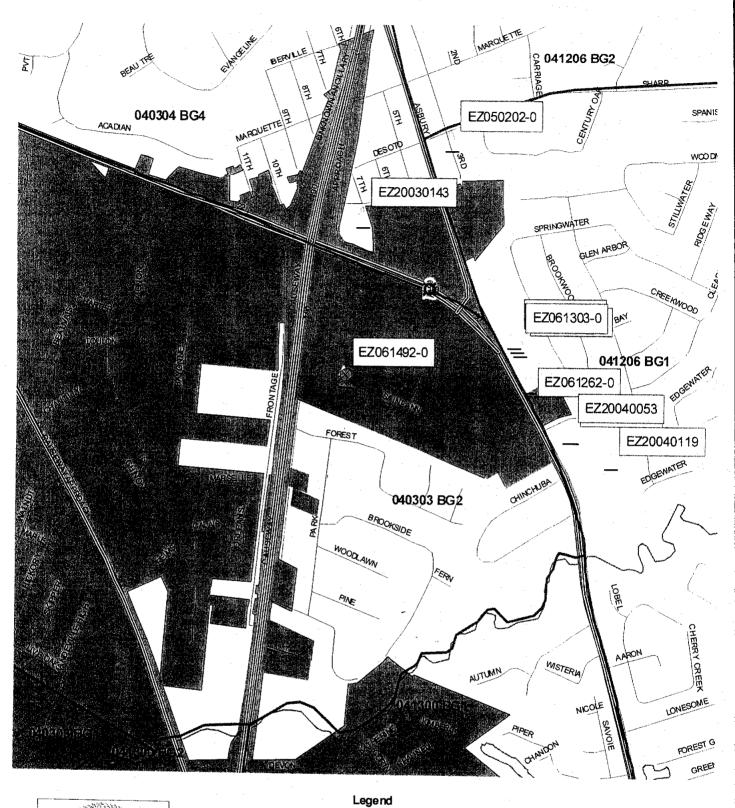
#### ST. TAMMANY PARISH COUNCIL

#### RESOLUTION

| RESOLUTION COUNCIL SERIES NO. <u>C-1776</u>   |  |
|---|--|
| COUNCIL SPONSOR: <u>STEFANCIK/DAVIS</u> PR  | ROVIDED BY: PLANNING   |
| RESOLUTION STATING THE ST. TAMMAN ENDORSEMENT OF RHONDA BALDONE, M.I. LLC, FOR PARTICIPATION IN THE BENEFI ENTERPRISE ZONE PROGRAM.   | D., APMC/BALDONE DERMATOLOGY,  |
| WHEREAS, in accordance with the Louisiana 1982, Act 433 of 1987, Act 1024 of 1992, Act 581 of 1977 of 1999; and   | •  |
| WHEREAS, this business is located within Cerdesignated Enterprise Zone or within the boundaries of  | nsus Tract 403.03, Block Group 2, which is not a fan Economic Development Zone and;                                  |
| WHEREAS, in accordance with the Louisiana Tammany Parish Council agrees:  | Enterprise Zone Program requirements the St.   |
| 1. To participate in the Enterprise Zone Program.   |  |
| 2. To assist the Department in evaluating progress majurisdiction.  | ade in any Enterprise Zone within its  |
| THE PARISH OF ST. TAMMANY HEREBY Rhonda Baldone, M.D., APMC/Baldone Dermatolo property, located in Council District 10 of St. Tamman Mandeville, LA 70471, for participation in the Louisia BE IT FURTHER RESOLVED that all resolutions | gy, LLC - #EZ#061492-0 for the following by Parish and located at 231 St. Ann Drive # 2, na Enterprise Zone Program. |
| hereby repealed.  | ions or parts thereof in conflict herewith are   |
| THIS RESOLUTION HAVING BEEN SUBM WAS AS FOLLOWS:  | ITTED TO A VOTE, THE VOTE THEREON  |
| MOVED FOR ADOPTION BY,  | SECONDED BY  |
| YEAS:   |  |
| NAYS:   |  |
| ABSTAIN:  |  |
| ABSENT: THIS RESOLUTION WAS DECLARED ADO 2006, AT A REGULAR MEETING OF THE PARISH MEMBERS BEING PRESENT AND VOTING.   | OPTED ON THE DAY OF<br>I COUNCIL, A QUORUM OF THE  |
|   |  |
| or or   | FEVE STEEANOW COUNCIL CHAIDAGAN  |
|   | TEVE STEFANCIK, COUNCIL CHAIRMAN   |
| ATTEST:   |  |
|   |  |

### Enterprise Zone Site Endorsement EZ061492-0





#### Enterprize Zone Endorsements ZZ En terprise\_Zones Block Groups ... ■ Major Roads \* stp-streams city-parish Type

Municipality

Unincorporated

This map prepared by St. Tamma Parish Information Services. This map is for planning purposes



# State of Louisiana DEPARTMENT OF ECONOMIC DEVELOPMENT

KATHLEEN BABINEAUX BLANCO Governor

May 18, 2006

MICHAEL J. OLIVIER Secretary

24.252627282030

Mr. Kevin Davis St. Tammany Parish Police Jury P.O. Box 628 Covington, LA 70434

RE:

Local Endorsement Resolution

Rhonda Baldone, M.D., APMC/Baldone Dermatology, LLC/Project #061492-0

Dear Mr. Davis:

In accordance with Act 948 of the 1992 Louisiana Legislature, enclosed is a copy of the Advance Notification #061492-0 received from Rhonda Baldone, M.D., APMC/Baldone Dermatology, LLC. Within ninety days of the receipt of this notification, your government will:

 Pass an Endorsement Resolution supporting the project and possibly allowing the Project to receive the Local benefits of the Enterprise Zone Program

or or

Send written reasons why this Project is being denied endorsement

 Send a written request to delay consideration of the Advance Notification (Please give the time frame of delay requested)

If you have any questions or comments, please contact me at friedkin@la.gov or 225/342-9228.

Sincerely.

Marylyn P. Friedkin Enterprise Zone Program

MPF/ms

cc: Rhonda Baldone, M.D., APMC/Baldone Dermatology, LLC

Enclosure

Post Office Box 94185/Baton Rouge, Louisiana 70804-9185 1051 North Third Street - 70802 Phone (225) 342-9228 - Fax (225) 342-0142 www.led.louisiana.gov

## LOUISIANA ECONOMIC DEVELOPMENT

Physical Address 1051 North Third Street Baton Rouge, LA 70802

### **ADVANCE NOTIFICATION**

Mailing Address P.O. Box 94185 Baton Rouge, LA 70804-9185

PLEASE TYPE

Visit https://www.ledpro.led.louisiana.gov for on-line filing

|                         | Pn  | ione: 225/342-9218   | Fax: 225/342-0142          | Date:  |
|-------------------------|---|--|----------------------------|--|
|                         |   | BUSINESS INFORMA   | ATION                      | 06/492-0   |
| Has an Advance No       | tification been filed on this proje             | ect for any of the incentive pro   | ograms listed below? X N   | O T Yes  |
| It Yes, Give Assigne    | ed# Feder                                       | al Tax ID  |                            |  |
| Business Name           | honda Baldone                                   | m.D., APMC   | 1 Baldone                  | Dernatology, a   |
| Corporate Name (if      | different from business name -                  | optional)  |                            |  |
| Mailing Address1        | 231 St. Ann.                                    | D1. #2 M   | ailing Address2            |  |
| city Man                | deville   | State  | LA Zinc                    | Code 70471-321   |
|                         | f Different from Mailing)                       |  |                            |  |
| Physical Address2       |   |  |                            |  |
| City                    |   | State  | 7in C                      | ada  |
| Phone Number 98         | 156267546 Ext                                   | State  | ner 985 6242               | ode  |
| Website Address         |   |  | *                          |  |
| State/Province          |   |  |                            | ed company?   Yes No   |
| Ownership Type:         | Corporation                                     |  |                            |  |
|                         | Non-Profit Organization Out-of-State Government | Federal Gover  | nment   State/Local (      | Government   |
|                         | PA  | RENT COMPANY INFO  | RMATION                    | Control of the Contro |
| Company Name            |   |  |                            |  |
| Address1                |   | A  | ddroas?                    |  |
| City                    | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -         |  |                            | ode  |
| Phone Number            |   | Ext  | Eav Number                 | oue  |
| Vebsite Address         |   |  | rax number                 |  |
|                         |   | PROJECT  |                            |  |
|                         |   | the South County of the County State of the Co |                            |  |
| roject Name: (Option    | - 1   | Additions  | pansion                    |  |
| rovide a description    | of this project. Past k                         | Eatring Hin  |                            |  |
|                         |   |  |                            |  |
| itv                     | ess1  | Project  | Physical Address1          |  |
| hone Number             |   | State  | Zip Cod                    | de   |
| $C_1$                   | m m / M M                                       | Ext  | Fax Number                 | BECELVE  |
| this project within -12 | nmany   | Municipal District (   | If Orleans parish)         |  |
|                         | y limits? À Yes □ No                            |  | ,,,,                       | - APR 0.4 2006   |
| PORTANT NOTE:           | This form and fees must be re                   | eceived by Business Incenti  | ves before Construction    | Purchasing, or Hiring begins<br>RESOURCE SERVICE   |
| ·                       |   | (OVER)   | <u>worde</u> Constitution, | RESOURCE SERVICES  |
|                         |   | ed Project Dates and I   |                            |  |

| Estimated Inves       | tments Costs | Estimated N                 | umber of Jobs | Fs                          | timated Payroll             |
|-----------------------|--------------|-----------------------------|---------------|-----------------------------|-----------------------------|
| Building & Material   | \$           | New                         | (0            | New                         |                             |
| Machinery & Equipment | \$ 55737.00  | Existing                    | 9             | Existing                    | \$ 254000.00<br>\$ 35000.00 |
| Labor & Engineering   | \$           | Transferred<br>In-State     |               | Transferred<br>In-State     | \$                          |
|                       |              | Transferred<br>Out-of-State |               | Transferred<br>Out-of-State | \$                          |
|                       |              | Contract                    |               | Contract                    | \$                          |
|                       |              | Construction                |               | Construction                | \$                          |
| Total investment      | \$           | Total Jobs                  |               | Total Payroll               | \$                          |

| any gaming activities eisewhe   | ere? Li Yes Likno                                      |
|---|--|
| CONTACT IN  | FORMATION  |
| Contact Type (Must have legal authority to sign):   Business            | Consultant   |
| Prefix First Name JZhonova MI   | 3 Last Name 139 Idone Suffix M.D.                      |
| Contact's Company name Rhondu Baldone, mp.                              | Apmc. Title Chiner                                     |
| Mailing Address 1 231 St. Ann D. #=                                     | Mailing Address2                                       |
| city Man derille  | 10 1A 701171 3719                                      |
| Phone Number 985 6267544 Ext  | Fax Number 985 624 4.960                               |
| Email Address 4pm L-INCQ be 11504+h.                                    | net  |
| OPTIONAL: Local Economic Development Contact                            |  |
| Contact Name Organizati   | on   |
| Address City  | Zip Code   |
| Phone LED Contact Person  |  |
|   | RAM(S) APPLIED   |
| Check each program for which you wish to apply. The fee is \$100 for ea | ch of the incentive programs applied for.              |
| □ r, , ~ ~  | emption (Manufacturers Only) Restoration Tax Abatement |
| mount Due: \$ 100. 00   |  |
| Aronda R. Baldons.  |  |
| Company Official Ci   |  |

I

| 5 <b>.</b>    | or Off | ice Use Only |
|---------------|--------|--------------|
| Date Received | 4      | 5            |
| Receipt #     | 1      | 9490         |
| Check #       | 6      | 209          |
| Check Amount  | # /    | 00.00        |
| Initials      |        | 83           |