

ST. TAMMANY PARISH COUNCIL

RESOLUTION

RESOLUTION COUNCIL SERIES NO. C-2006

COUNCIL SPONSOR: BAGERT/DAVIS PROVIDED BY: PLANNING

RESOLUTION STATING THE ST. TAMMANY PARISH COUNCIL'S ENDORSEMENT OF SEMOLINA (COVINGTON), FOR PARTICIPATION IN THE BENEFITS OF THE LOUISIANA ENTERPRISE ZONE PROGRAM.

WHEREAS, in accordance with the Louisiana Enterprise Zone Act 901 of 1981, Act 337 of 1982, Act 433 of 1987, Act 1024 of 1992, Act 581 of 1995, Act 624 of 1997, Act 647 of 1997, and Act 977 of 1999; and

WHEREAS, this business is located within Census Tract 406.01, Block Group 1, which is not a designated Enterprise Zone or within the boundaries of an Economic Development Zone and;

WHEREAS, in accordance with the Louisiana Enterprise Zone Program requirements the St. Tammany Parish Council agrees:

1. To participate in the Enterprise Zone Program.
2. To assist the Department in evaluating progress made in any Enterprise Zone within its jurisdiction.

THE PARISH OF ST. TAMMANY HEREBY RESOLVES that the Parish Council endorses Semolina (Covington) - #EZ062352-0 for the following property, located in Council District 1 of St. Tammany Parish and located at 70380 Hwy 21, Suite 6B, Covington, LA 70433, for participation in the Louisiana Enterprise Zone Program.

BE IT FURTHER RESOLVED that all resolutions or parts thereof in conflict herewith are hereby repealed.

THIS RESOLUTION HAVING BEEN SUBMITTED TO A VOTE, THE VOTE THEREON WAS AS FOLLOWS:

MOVED FOR ADOPTION BY _____, SECONDED BY _____

YEAS:

NAYS:

ABSTAIN:

ABSENT:

THIS RESOLUTION WAS DECLARED ADOPTED ON THE _____ DAY OF _____ 2007, AT A REGULAR MEETING OF THE PARISH COUNCIL, A QUORUM OF THE MEMBERS BEING PRESENT AND VOTING.

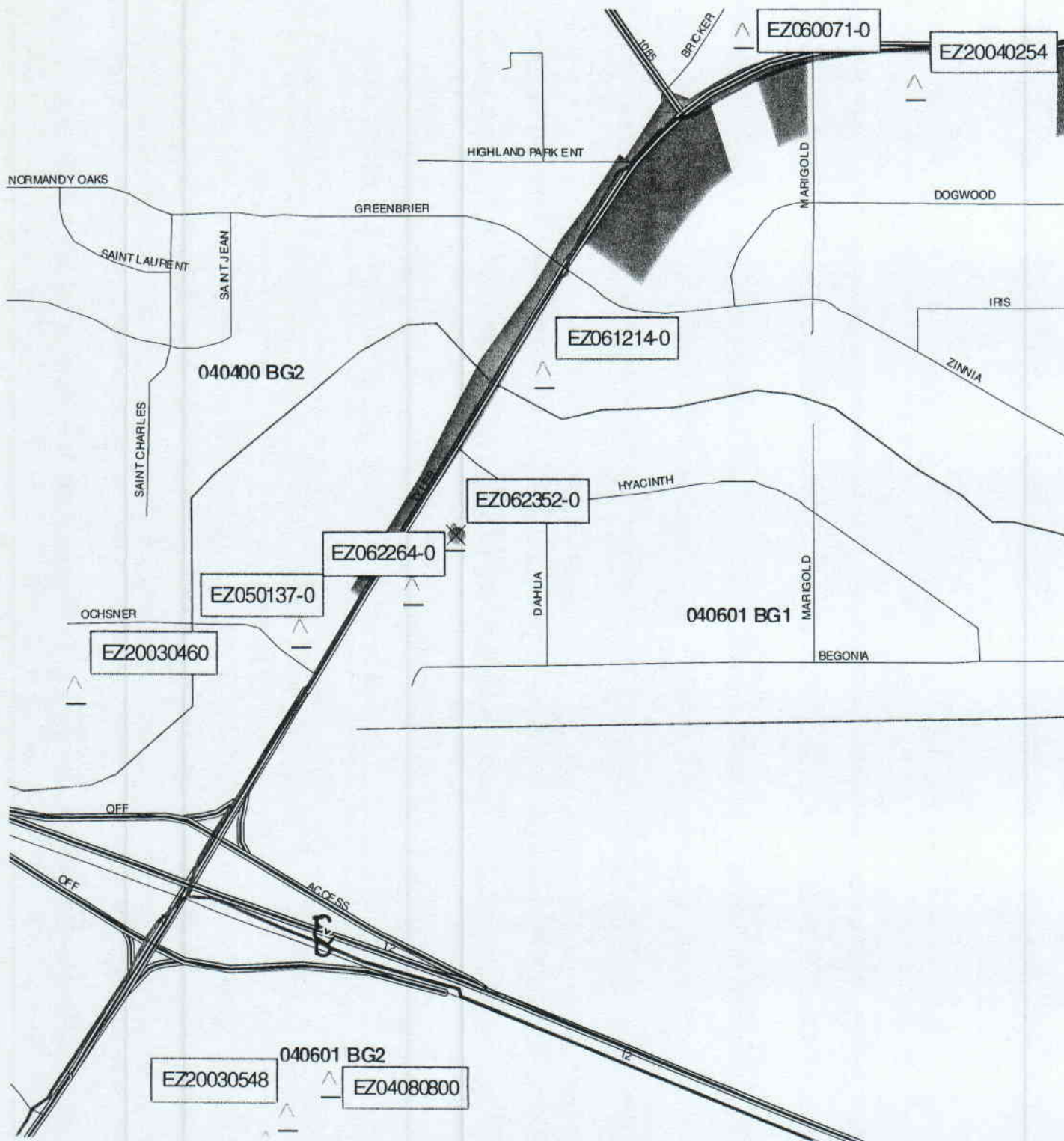
BARRY D. BAGERT, COUNCIL CHAIRMAN

ATTEST:

DIANE HUESCHEN, COUNCIL CLERK

Enterprise Zone Site Endorsement EZ062352-0

Case



Legend

- Streets
- △ Enterprise Zone Endorsements
- ▨ Enterprise Zones
- Block Groups
- Cities
- ══ Major Roads
- ~~~ streams

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



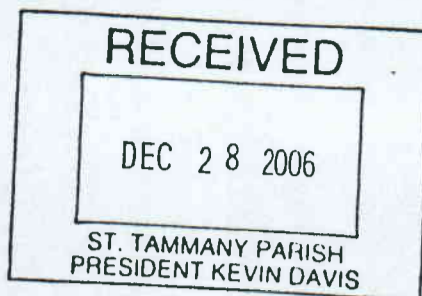
State of Louisiana
DEPARTMENT OF ECONOMIC DEVELOPMENT

Stidley

KATHLEEN BABINEAUX BLANCO
Governor

MICHAEL J. OLIVER
Secretary

December 15, 2006



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

RE: Local Endorsement Resolution
Semolina/Project #062352-0

Dear Mr. Davis:

In accordance with Act 948 of the 1992 Louisiana Legislature, enclosed is a copy of the Advance Notification #062352-0 received from Semolina. Within ninety days of the receipt of this notification, your government will:

- 1. Pass an Endorsement Resolution supporting the project and possibly allowing the Project to receive the Local benefits of the Enterprise Zone Program
- or
- 2. Send written reasons why this Project is being denied endorsement
- or
- 3. 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

Marylyn P. Friedkin
Enterprise Zone Program

MPF/ms

cc: Semolina

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



Physical Address

1051 North Third Street
Baton Rouge, LA 70802

ADVANCE NOTIFICATION

Mailing Address

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

Visit <https://www.ledpro.led.louisiana.gov> for on-line filing
Phone: 225/342-9218 Fax: 225/342-0142

PLEASE TYPE

Date: _____

BUSINESS INFORMATION 062352-0

Has an Advance Notification been filed on this project for any of the incentive programs listed below? X No Yes

If Yes, Give Assigned # _____ Federal Tax ID 27-0144928

Business Name Semolina

Corporate Name (if different from business name - optional) Minacore, LLC

Mailing Address1 8315 Oak Street Mailing Address2 _____

City New Orleans State LA Zip Code 70118

Physical Address1 (if Different from Mailing) 70380 Hwy 21, suite 6B

Physical Address2 _____

City Covington State LA Zip Code 70433

Phone Number 504-309-6725 Ext _____ Fax Number 504-309-6726

Website Address _____ Is it a foreign-owned company? Yes No x

State/Province _____ Country _____ NAICS Code _____

Ownership Type: Corporation Limited Liability General Partnership S-Corporation Limited Partnership
 Non-Profit Organization Federal Government State/Local Government
 Out-of-State Government Foreign Corporation University Other

PARENT COMPANY INFORMATION

Company Name _____

Address1 _____ Address2 _____

City _____ State _____ Zip Code _____

Phone Number _____ Ext _____ Fax Number _____

Website Address _____

PROJECT

Project Type: Start-up/New Additions Expansion

Project Name: (Optional) Semolina Restaurant

RECEIVED

Provide a description of this project. Building a full service restaurant

NOV 06 2006

Project Physical Address1 70380 Hwy 21 Suite 6B Project Physical Address2 _____

RESOURCE SERVICES

City Covington State LA Zip Code 70433

Phone Number 504-309-6725 Ext _____ Fax Number 504-309-6726

Parish St. Tammany Municipal District (if Orleans parish) A B C D E

Is this project within city limits? Yes No NAICS Code _____

IMPORTANT NOTE: This form and fees must be received by Business Incentives before Construction, Purchasing, or Hiring begins.

Estimated Project Dates and Information

Beginning Date 11/3/06 Ending Date 2/28/07

Estimated Investments Costs		Estimated Number of Jobs		Estimated Payroll	
Building & Material	\$352,000	New	40	New	\$ 540,000
Machinery & Equipment	\$175,000	Existing		Existing	\$
Labor & Engineering	\$100,000	Transferred In-State		Transferred In-State	\$
		Transferred Out-of-State		Transferred Out-of-State	\$
		Contract		Contract	\$
		Construction		Construction	\$
Total Investment	\$627,000	Total Jobs	50	Total Payroll	\$ 540,000

Is there any gaming activity at this project site? Yes No

Are any owners of this project involved in any gaming activities elsewhere? Yes No

CONTACT INFORMATION

Contact Type (Must have legal authority to sign): Business Consultant

Prefix _____ First Name Margaret MI _____ Last Name Bruzdinski Suffix _____

Contact's Company name CFO 1 Source, LLC Title _____

Mailing Address1 8315 Oak Street Mailing Address2 _____

City New Orleans State LA Zip Code 70118

Phone Number 504-309-6725 Ext _____ Fax Number _____

Email Address MargaretB@cfo1source.com

OPTIONAL: Local Economic Development Contact

Contact Name _____ Organization _____

Address _____ City _____ Zip Code _____

Phone _____ LED Contact Person _____

INCENTIVE PROGRAM(S) APPLIED

Check each program for which you wish to apply. The fee is \$100 for each of the incentive programs applied for.

- Enterprise Zone
- Quality Jobs
- Industrial Tax Exemption (Manufacturers Only)
- Restoration Tax Abatement
- Other (Please Specify) _____

Amount Due: \$ 100.00

Company Official Signature

Margaret Bruzdinski
Print Official Name and Title

For Office Use Only	
Date Received	<u>11/6/06</u>
Receipt #	<u>21259</u>
Check #	<u>5004</u>
Check Amount	<u>100.00</u>
Initials	<u>MB</u>