



ECONOMIC DEVELOPMENT INCENTIVES APPLICATION

COMPANY INFORMATION

Company Name: _____

Headquarters Address: _____

Country: _____ City: _____

State: _____ Zip: _____

Primary Contact Name: _____

Contact Title: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Website: _____

Business Description (attach separate page if necessary):

Federal Tax ID: _____ NAICS: _____

Date Business Established: _____ Years in Business: _____

Years at Current Location: _____

Business Type: Corporation – Date of origin: _____ State of Origin: _____

Limited Liability Company – Date of origin: _____ State of Origin: _____

Partnership Sole Proprietorship Other: _____

Registered to Conduct Business in the State of Texas: YES NO

Number of Texas Locations: _____ US Locations: _____ Global Locations: _____

Has the business, or any member of the management team, faced any litigation relating to the operations of this organization in the past 10 years: YES NO

If yes, please explain (attach separate page if necessary):

Is this business current on all tax liabilities (state, federal, and local) in the jurisdictions where you currently maintain operations: YES NO

If no, please explain (attach separate page if necessary):

BUSINESS REFERENCES

Bank Name: _____

Address: _____

Contact Name: _____ Position: _____

Phone: _____ Email: _____

Accounting Firm: _____

Address: _____

Contact Name: _____ Position: _____

Phone: _____ Email: _____

Law Firm: _____

Address: _____

Contact Name: _____ Position: _____

Phone: _____ Email: _____

Other Business Reference: _____

Address: _____

Contact Name: _____ Position: _____

Phone: _____ Email: _____

PROJECT INFORMATION

New business/project in ORN: YES NO

Expanding business/project in ORN: YES NO

Please describe the Project (attach separate page if necessary):

Is the company considering other Texas locations: YES NO

Is the company considering other US locations: YES NO

Is the company considering other global locations: YES NO

Market for Product: Local State US Global

Location of Planned Investment (address or description):

Project Expected Start Date: _____ Completion Date: _____

Land Acreage: _____

Building Square Feet: _____

Real Property: PURCHASE LEASE

If Lease, Property Owner: _____

Representative: _____

Address: _____

Phone: _____ Email: _____

FINANCIAL INFORMATION

Committed Level of Financing:

Applicant: _____

Financial Institution: _____

Government Incentive (all sources): _____

Grants: _____

Other: _____

Total: _____

10-year Investment Schedule (attach as separate page if preferred)

<u>Year</u>	<u>Land</u>	<u>Building</u>	<u>FF&E</u>	<u>Taxable Inventory</u>	<u>Labor</u>	<u>Total</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____

PROJECT TOTAL _____

Year-End Financials for existing businesses for the previous three fiscal years must be included with this document.

New businesses must submit their Detailed Business Plan citing industry benchmarks and examples.

Depreciation Schedule

	Years	% per Year
Machinery/Equipment:	_____	_____ %
Building:	_____	_____ %
Other:	_____	_____ %

JOB CREATION

Schedule of initial workforce (wages exclude benefits):

	<u># of Jobs</u>	<u>Avg. Annual Wage</u>	<u>Percent Locally Hired</u>
Executive	_____	_____	_____ %
Manager	_____	_____	_____ %
Supervisor	_____	_____	_____ %
Staff (FT)	_____	_____	_____ %
Staff (PT)	_____	_____	_____ %

What is the expected average wage for the lowest paid 10% of local workers? _____

SERVICE REQUIREMENTS

Electric

Peak Monthly Demand in Kilowatts (KW): _____

Average Monthly Usage in Kilowatt Hours (kWh): _____

Average Monthly Load Factor: _____

Dual Feed Required: YES NO

Current Rate (cents per kWh): _____

Gas

Monthly Usage (specify Ccf or Mcf): _____

Current Rate (specify per Ccf or Mcf): _____

Water/Wastewater

Average Monthly Water Usage: _____ Meter Size: _____

Average Monthly Wastewater Discharge: _____

Solid Waste Disposal

Monthly Requirement (in cf): _____

Current Rate: _____

Telecommunications

Please detail the requirements for telecommunications services (attach separate sheet if necessary):

Current Rate (may be included on detail attachment above):

ECONOMIC IMPACT

Will the Property Generate:

Additional Property Tax:	<input type="radio"/> YES	<input type="radio"/> NO
Land:	<input type="radio"/> YES	<input type="radio"/> NO
Building:	<input type="radio"/> YES	<input type="radio"/> NO
FF&E:	<input type="radio"/> YES	<input type="radio"/> NO

If yes, indicate below the increase in estimated taxable value of property in the first year after completion:

Land: _____

Building: _____

FF&E: _____

TOTAL: _____

Percent of inventory eligible for Freeport Exemption: _____%

Sales tax generating sales of products or services: YES NO

If yes, please include at least one of the following:

- 1) If a relocation within Texas, the previous three years of sales tax reports to the Texas Comptroller;
- 2) If an expansion or additional location of a Texas business, previous three years of sales tax reports to the Texas Comptroller from a similar location;
- 3) If an expansion or additional location of a business from outside Texas, either three previous years of sales tax reports to the sales tax collection entity in the specified state, OR extrapolate the taxable sales from year-end financials for the previous three years;
- 4) If a new business, highlight estimated taxable sales in your business plan citing industry benchmarks and examples.

Estimated Sales Tax Generating Sales from this location: _____

Please list any other factors that the City and EDC Board of Directors should consider in determining an incentive package for this business. This may include purchasing from other ORN businesses, increased traffic that would positively impact other ORN businesses, etc.

Statement Regarding Undocumented Workers
(Required by Chapter 2264, Texas Government Code)

By signing and submitting this application you certify that the company, its branches, divisions, and departments (company) do not and will not knowingly employ an undocumented worker. An agreement with the company will require the company to repay the total amount of the public benefit received with interest at the rate and according to the terms of the agreement if the company is convicted of a violation under 8 U.S.C. Section 1324a (f). Repayment will be due no later than the 120th day after the City notifies the company of the violation as provided in the agreement.

An undocumented worker is an individual who, at the time of employment is not:

- 1) Lawfully admitted for permanent residence to the United States; or
- 2) Authorized under law to be employed in that manner in the United States.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Please note that the City of Oak Ridge North and Oak Ridge North Economic Development Corporation reserve the right to request additional information or supporting documents to make a determination regarding incentives.