



APPLICATION FOR ECONOMIC DEVELOPMENT ASSISTANCE

This form must be typed. Handwritten applications will not be accepted.

All supporting documents must also be submitted with application.

This application must be filed prior to the commencement of project.

Please provide complete information in response to every question. Application cannot be processed until all information is complete. Additional information may be attached but should not be used in lieu of providing information directly on the application form.

| APPLICATION DATE | DATE OF CONSULTATION WITH VILLAGE |
|------------------|-----------------------------------|
| | |

PROPOSED PROJECT SITE

| PROJECT SITE ADDRESS |
|----------------------|
| |

| PARCEL NUMBER(S) |
|------------------|
| |
| |
| |
| |

| PROJECT COUNTY |
|-----------------------------------------|
| Madison County <input type="checkbox"/> |
| Union County <input type="checkbox"/> |

APPLICANT INFORMATION

| APPLICANT | | |
|-----------|-------|-----|
| Name | | |
| Company | | |
| Address | | |
| City | State | Zip |
| Phone | Email | |

| PRINCIPAL BUSINESS OWNER(S) OR OFFICER(S) |
|-------------------------------------------|
| Name |
| Name |
| Name |

APPLICANT RELATIONSHIP TO BUSINESS

Describe the applicant's relationship to the business.

BUSINESS STRUCTURESole Proprietorship C Corp Non-Profit Partnership S Corp Other LLC Benefit Corp **PRIMARY 6-DIGIT NAICS # OF BUSINESS****OUTSTANDING TAXES, FEES, OR FINANCIAL OBLIGATIONS**

Does the business owe any delinquent taxes to the State of Ohio or a political subdivision of the State?

YES NO

Does the business owe any monies to the State or a political subdivision of the State for the administration or enforcement of any environmental laws?

YES NO

Does the business owe any other monies to the State or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not?

YES NO

If YES to any of the above, please provide details of each instance, including but not limited to, the location, amounts and/or case identification numbers.

PROJECT INFORMATION**PROJECT TIMELINE**

Project Begin (MM/YY)

Project End (MM/YY)

NATURE OF PROJECT

For mixed-use projects, please include the approximate percentage of each type/use.

Agricultural Mixed-Use Residential – SF Commercial Office Residential – MF Industrial Recreation Residential – Mixed Institutional/Gov't Religious Medical Other (please describe)

| OWN OR LEASE | |
|-------------------------------------------------------|--------------------------------------------------------------------------|
| Please describe the project site ownership structure. | If the business plans to lease, please indicate the expected lease term. |
| Currently Owns <input type="checkbox"/> | |
| Plans to Purchase <input type="checkbox"/> | |
| Currently Leases <input type="checkbox"/> | |
| Plans to Lease <input type="checkbox"/> | |

| DESCRIPTION OF PROJECT |
|-----------------------------------------------------|
| Please describe the nature of the proposed project. |

| PROJECT INVESTMENT | |
|---------------------------------------------------------------------------------------------------------------------------|--|
| Provide an estimate of the \$ amount to be invested to establish, expand, renovate, or otherwise occupy the project site. | |
| Acquisition of Property | |
| Acquisition of Buildings | |
| Additions/New Construction | |
| Renovations to Existing Buildings | |
| Machinery & Equipment | |
| Furniture & Fixtures | |
| Inventory | |
| Other | |
| Total Project Investment | |

EMPLOYMENT

| CURRENT EMPLOYMENT IN OHIO |
|-----------------------------------|
| Full Time |
| Part Time |
| Temporary/Seasonal |

CURRENT EMPLOYMENT AT PROJECT SITE

Provide the number of employees currently working at the project site.

Full Time

Part Time

Temporary/Seasonal

NEW EMPLOYMENT AT PROJECT SITE

Provide the number of new employees that will be hired as result of the project.

Full Time

Part Time

Temporary/Seasonal

NEW EMPLOYMENT TIMELINE

Provide the proposed timeline for hiring new employees.

Full Time

Part Time

Temporary/Seasonal

NEW PAYROLL AT PROJECT SITE

Provide the total projected annual payroll of new employees.

Full Time

Part Time

Temporary/Seasonal

RETAINED EMPLOYMENT

Provide the number of employees that will be retained as a result of the project.

Full Time

Part Time

Temporary/Seasonal

RETAINED PAYROLL

Provide the annual payroll of retained employees.

Full Time

Part Time

Temporary/Seasonal

| EMPLOYEE BENEFITS | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Does the business offer full-time employees any of the following benefits? <i>Select all that apply.</i> | |
| Paid Holidays <input type="checkbox"/> | Severance Policy <input type="checkbox"/> |
| Paid Vacation <input type="checkbox"/> | Disability Pay <input type="checkbox"/> |
| Annual Bonuses <input type="checkbox"/> | Profit-Sharing Plan <input type="checkbox"/> |
| Employee Uniforms <input type="checkbox"/> | Training & Education Benefits <input type="checkbox"/> |
| Other <input type="checkbox"/> (please describe) | |

| RELOCATION | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Does the project involve the relocation of employment positions or assets from one Ohio location to another? | If YES, please include the <u>locations</u> from which the relocation(s) will occur. |
| YES <input type="checkbox"/> | |
| NO <input type="checkbox"/> | |

| EMPLOYMENT TO BE AFFECTED BY RELOCATION |
|------------------------------------------------|
| Full Time |
| Part Time |
| Temporary/Seasonal |

| IMPACTS OF RELOCATION |
|----------------------------------------------------------------------------------------------------------------------------|
| Describe the projected impact of the relocation, including the number and type of employees and/or assets to be relocated. |
| |

| CONSOLIDATION | |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Does the project involve the consolidation of business operations? | If YES, please describe, including the location, assets, and employment positions to be transferred. |
| YES <input type="checkbox"/> | |
| NO <input type="checkbox"/> | |

ECONOMIC DEVELOPMENT ASSISTANCE

Note: If granted a real property tax abatement, the business understands that the term will generally not commence until the tax year following the completion of construction for the project. If a project involves phased construction over several years, the incentive term will generally not commence until the completion of construction for the first phase of the project.

| ECONOMIC DEVELOPMENT ASSISTANCE REQUESTED |
|--------------------------------------------------------------------------------------------------------------|
| Please describe the type(s) of economic development assistance requested. Be specific as to rates and terms. |
| |

REASON FOR ECONOMIC DEVELOPMENT ASSISTANCE

Please describe the reasons for economic development assistance. Please be as specific as possible.

OTHER ASSISTANCE

Has the business contacted other agencies to seek assistance?

If YES, please describe:

YES

NO

APPLICATION FEES

State Processing Fee - *Applies only for applications requesting a CRA tax abatement.*

A separate one-time fee of seven hundred and fifty dollar (\$750) charged by the State and collected by the Village with this application. This fee is due upon execution of the CRA agreement. Agreements will not be effective without this fee. Checks must be made payable to the Ohio Department of Development.

Village Processing Fees

The Village may require applicants requesting assistance to pay a one-time application processing fee. Fees may be due upon filing of application or upon execution of an agreement. Please consult with the Village to determine any relevant fees.

CERTIFICATION

The applicant certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant's knowledge and belief. Information supplied with intent to mislead may lead to rejection of the application or if abatement is granted, later nullification of the abatement or incentive.

The applicant realizes that the Village and its agents attempt to keep all corporate financial information confidential. However, by submitting this application, information in this application could become known to the media and or public. The applicant releases the Village and its agents from all claims and damages related to the release of the information in this application, whether intentional or unintentional.

Signature

Date

Print Name

Title

Please submit this application and any fees and attachments to:

Jason Stanford, Development Manager
800 Village Blvd., Plain City, OH 43064
jstanford@plain-city.com