

TAX INCREMENT FINANCING APPLICATION

1. General information:

Business Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Email: _____

Contact Person: _____

Business Form: ___ Corporation ___ Partnership ___ Sole Proprietorship

State of Incorporation or Organization: _____

Years in Business: _____ Years in Business in Lake City: _____

2. Brief description of the business:

3. Proposed project site:

Location: _____ Present Ownership: _____

Zoning: _____ Rezoning Required: _____

Will property be subdivided? ___ *(If so, please attach a layout of planned subdivision.)*

Will variances of the Zoning Ordinance be requested? ___ If so, please list.

4. Estimated Project Costs:

- a. Land Acquisition: \$ _____
 - b. Site Development: _____
 - c. Building Cost: _____
 - d. Equipment: _____
 - e. Architectural/Engineering Fees: _____
 - f. Legal Fees: _____
 - g. Financing Costs: _____
 - h. Broker Costs: _____
 - i. Contingencies: _____
 - j. Other (please specify): _____
- Total: \$ _____

5. Total Estimated Market Value at completion: \$ _____

6. Description of proposed project: Building square footage, size of property, description of buildings, materials, etc.

7. Estimated tax increment financing assistance eligible costs:

- a. Land Acquisition: _____
- b. Utilities: _____
- c. Architectural/ Engineering Fees: _____

d. Site Work: _____

e. Legal Fees: _____

f. Parking Lot/Landscaping: _____

g. Other (please specify): _____

Total: \$ _____

8. Sources of Financing:

a. Equity: _____

b. Bank Loan: _____

c. Tax Increment Assistance: _____

d. Other (please specify): _____

Total: \$ _____

9. Form of tax increment financing assistance requested:

Pay As You Go x

Bond Issuance _____

10. Professional services of applicant:

Architectural Firm/Contact: _____

Address: _____

Telephone #: _____ Fax #: _____

Engineering Firm/Contact: _____

Address: _____

Telephone #: _____ Fax #: _____

General Contractor/Contact: _____

Address: _____

Telephone #: _____ Fax #: _____

Attorney Firm/Contact: _____

Address: _____

Telephone #: _____ Fax #: _____

Accounting Firm/Contact: _____

Address: _____

Telephone #: _____ Fax #: _____

11. Project construction schedule:

a. Construction Start Date: _____

b. Construction Completion Date: _____

If construction will not be completed at year end, what % of construction will be completed by year end? ___%

12. Current and projected employment:

Type	Existing Jobs		First Year		Second Year		Wage
Professional/Managerial	__ FT	__ PT	__ FT	__ PT	__ FT	__ PT	\$ ___/___
Technical/Skilled	__ FT	__ PT	__ FT	__ PT	__ FT	__ PT	\$ ___/___
Unskilled/Semi-skilled	__ FT	__ PT	__ FT	__ PT	__ FT	__ PT	\$ ___/___

13. Statement of necessity for the use of tax increment financing assistance for the project:

Back