

Tax Abatement - Tax Increment Program Application

I. Applicant Information:

Name(s) of Applicant: _____ Title: _____

Business Name: _____

Corporation: ___ Sole Proprietorship: ___ Partnership: ___ Start Up: ___ Existing Business: ___

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

II. Brief Description of Project in which funds would be utilized and description of business which applicant is engaged as it related to this project.

III. Building Type: _____ **Size:** _____

IV. Project Funding: (If needed, financial information may be required.)

Total Project Cost: \$ _____

Amount of Abatement Request: \$ _____ Number of Years: _____

City: \$ _____ Annual Amt: \$ _____

County: \$ _____ Annual Amt: \$ _____

Use of Abatement Funds: *Check all that apply*

- | | | |
|--|---|--|
| <input type="checkbox"/> Building improvements | <input type="checkbox"/> Building expansion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Equipment purchases | <input type="checkbox"/> Infrastructure/utilities | <input type="checkbox"/> Assessments |
| <input type="checkbox"/> Site improvements | <input type="checkbox"/> Land acquisition | <input type="checkbox"/> Demolition/clean-up |

V. Employment:

Current Employment:

# of Full Time Employees	Average Hourly Wage	Benefits?

# of Part Time Employees	Average Hourly Wage	Benefits?

Proposed Job Creation:

# of Full Time Employees	Average Hourly Wage	Benefits?

# of Part Time Employees	Average Hourly Wage	Benefits?

VI. Lender Information:

Participating Lender _____

Bank Contact: _____ Phone: _____

VII. Tax Impact:

Current Values:

Market Value: _____

Property Taxes:

City: _____

County: _____

Estimated Values After Completion:

(to be completed by HRA-EDA Staff)

Market Value: _____

Property Taxes:

City: _____

County: _____

Authorized Signature of Applicant _____ **Date** _____

- By signing, applicant agrees to job creation requirements.
- If these requirements are not met within the required time period, the abatement may end.
- If approved, a developer's agreement will be required.

WHEN COMPLETED, Return to: CHISAGO COUNTY HRA-EDA FAX: 651-674-2996