



Enterprise Zone Application
Hamilton County Development Company
Office of Economic Development
 1776 Mentor Avenue ■ Cincinnati, OH 45212
 (513) 631-8292/631-4887 FAX

Proposal for Enterprise Zone Tax Incentives between the Hamilton County Board of Commissioners and _____
 (Name of applicant)

Personal Property Owner Information:

Real Property Owner Information (if different):

 Name of Company

 Name of Company

 Name of Contact Person

 Name of Contact Person

 Address (Street Number, City, ST, and Zip)

 Address (Street Number, City, ST, and Zip)

 If company headquarters are NOT in Hamilton County, please specify address above (Street Number, City, ST, and Zip).

 If company headquarters are NOT in Hamilton County, please specify address above (Street Number, City, ST, and Zip).

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Website: _____

Website: _____

Location of Proposed Project Site:

Auditor's book-page-parcel number:

 Address

 (Available on-line @ www.hamiltoncountyauditor.org)

 City/Village/Township

Submission of this application expressly authorizes Hamilton County Development Co., Inc. (HCDC) on behalf of Hamilton County, to contact the Ohio Environmental Protection Agency to confirm statements contained within this application, including Items #18 and #19, and to review applicable confidential records. As part of this application, the business is required to directly request from the Ohio Department of Taxation, or complete a waiver form allowing the Ohio Department of Taxation, to release specific tax records to HCDC in order for this application for tax incentives to be given consideration.

Applicant acknowledges that an Enterprise Zone application and subsequent agreement are public information and are, therefore, subject to review by any entity requesting information related to the Enterprise Zone Program. Applicant agrees to supply additional information upon request.

A \$1,500.00 agreement fee is due Hamilton County Development Company, Inc. (HCDC), the payment of which must accompany this application. Pursuant to the Ohio Revised Code, upon execution of an enterprise zone agreement, enterprise shall pay annually to HCDC the greater of one percent (1%) of the dollar value of incentives offered under the Agreement or \$500.00, up to a maximum of \$2,500.00, for each year during the term of the agreement. This fee will be used to offset the administrative costs associated with the monitoring of this agreement. A \$750.00 fee will be assessed for any amendment made to an approved agreement.

APPLICANT DESCRIPTION

1. A. Nature of business that will be operating on project site (please check all that apply):
- Manufacturing Distribution Office
 Wholesale Research Other _____
- B. Primary NAICS code (formerly SIC code): _____
- C. The primary market orientation of the business is: Hamilton County Regional/National
 Gr. Cincinnati Area International
- D. Estimate the percentage of goods or services marketed outside of Hamilton County: _____%
2. Form of business (corporation, partnership, proprietorship, etc.):

3. Name(s) of principal owner(s) or officer(s) of business (attach list if necessary):

4. **Leasing Information:** If applicant business will be leasing the project site, what is the term of the lease? (Note: A triple net lease is desired to insure that the exemptions are passed on to the applicant business. **The term, including renewals, must be twice the term of the exemption.**) _____ years
5. If a leasing agent will be involved with any of the new tangible property identified as part of this project, they must be party to the agreement. Please name the leasing entity:

6. Is this business seasonal in nature? yes no

PROJECT DESCRIPTION

8. Please check all categories which apply and answer the associated questions:
- Enterprise currently has **no operations in Ohio.**
- Enterprise currently **has operations in Ohio** and intends to establish a new location which **will not result in a reduction of employment** at another Ohio facility.
- Enterprise **intends to relocate operations from another state** to Ohio.
- Enterprise **is expanding operations at an existing site** within the Enterprise Zone.
- _____ sq. ft. Size of existing building
\$ _____ Market value of the facility to be expanded (as determined for the purposes of local property taxation.)
\$ _____ Current total investment in the project site at the time of this application.
\$ _____ Current real property tax bill at the project site.
\$ _____ Most recent tangible personal property tax filing.
- Enterprise will **construct a new building or addition.**
_____ sq. ft. Size of new building or addition
- Enterprise is **consolidating operations in Ohio.**
Current location of facilities being consolidated: _____
- Enterprise will **occupy an existing building.**
_____ sq. ft. Size of building
\$ _____ Market value of the facility to be occupied (as determined for purposes of local property taxation.)
_____ months If the building is vacant, how long has it been vacant?

8. (continued)

- Enterprise intends to **relocate operations, currently located in Ohio.**

Location(s) of the operations to be relocated: _____

Reason for the relocation: (Please check all that apply.)

- land at existing site cannot accommodate expansion plans
- market conditions require that operations be relocated to remain competitive
- new or modified contracts or suppliers affect location
- change in production methods
- loss of contracts requires expansion into another market to maintain production
- changes in ownership or control of the enterprise
- enterprise is a subsidiary corporation; the relocation decision results from owners or officers

PROJECT INVESTMENT

9. Cost of acquisition of land or buildings for the project: \$ _____

(Note: Cost of acquisition of land and/or buildings is NOT eligible for exemption.)

10. Identify the NEW personal property purchases to be made (e.g., machinery, equipment, furniture, fixtures) and **estimate the date of acquisition:**

Item	Acquisition Date	Item	Acquisition Date
------	------------------	------	------------------

Item	Acquisition Date	Item	Acquisition Date
------	------------------	------	------------------

11. **Existing Inventory Value:** State the business' value of inventory required to be listed in the personal property tax return of the enterprise for *the tax year in which the agreement will be entered into*. This is stated as an average dollar value per most recent 12-month period. \$ _____ (baseline inventory)

12. Overview of the estimated investment to be made by the enterprise(s) to establish, expand, renovate or occupy a facility:

New Real Property	Additions/New Construction:	\$
	Repair/Remodeling:	\$
New Tangible Property	Machinery & Equipment:	\$
	Furniture & Fixtures:	\$
	SUBTOTAL	\$
	Value of Inventory to be purchased as part of project: (amount that exceeds average baseline)	\$
	NEW INVESTMENT TOTAL	\$

13. Identify the **EXISTING assets** and/or **assets TO BE RELOCATED** to the project site as part of project:

	Existing at Project Site	To Be Relocated to Project Site	
Machinery	\$	\$	From
Equipment	\$	\$	From
Furniture	\$	\$	From
Fixtures	\$	\$	From
TOTAL	\$	\$	

PROJECT EMPLOYMENT AND PAYROLL

14. A. State the number of positions and payroll that will be **maintained** and **retained** by the enterprise as a result of this project: (A **maintained** employee is one whose job will most likely continue to exist if this project is not approved. A **retained** employee is one whose job will cease to exist if this project is not approved.)

FTP: full-time permanent PTP: part-time permanent
 FTT: full-time temporary PTT: part-time temporary

MAINTAINED:

	Positions	Payroll
FTP		\$
FTT		\$
PTP		\$
PTT		\$

RETAINED:

	Positions	Payroll
FTP		\$
FTT		\$
PTP		\$
PTT		\$

- B. Estimate **new** employment and payroll at the facility over the next three (3) years as part of this project. Please itemize all positions.

	Year 1	Year 2	Year 3	TOTAL
FTP				
FTT				
PTP				
PTT				
Estimated average annual payroll for new employees:	\$	\$	\$	\$

15. State the enterprise's current employment level in Ohio:

FTP		PTP	
FTT		PTT	

RELOCATION/WAIVER SITUATIONS

16. Complete the following for each existing facility affected by a relocation. If more space is needed, please attach a separate sheet.

 Street Address

 Number of Employees to be relocated

 City, ST Zip

 Payroll for Employees to be relocated

 Current Employment Level

 Dollar Value of Assets to be transferred

NOTE: Relocation projects are restricted in non-distressed zones. A waiver from the Ohio Department of Development (ODOD) can be sought for special limited circumstances. Waivers must be coordinated through the Enterprise Zone Manager.

COMPLIANCE VERIFICATIONS

17. A. Has the enterprise previously entered into an agreement for tax exemptions in the State of Ohio?

yes no

B. If yes, list the community, dates and terms of the incentives for each agreement:

1.

2.

18. A. Is the business and/or property owner in compliance with all local, state and federal regulations (i.e., EPA, sewer, etc.)? yes no

B. If no, please attach a brief description of non-compliance and an explanation of how the issue(s) will be resolved. **This information will be verified as part of the application process.**

19. Does the enterprise owe:

A. Any delinquent taxes to the State of Ohio or a political subdivision of the State? yes no

B. Any monies to the State or a state agency for the administration or enforcement of any environmental laws of the State? yes no

C. Any other monies to the State, a state agency 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

D. 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. Please attach separate sheet if additional space is required. _____

ADDITIONAL INFORMATION

20. Does the enterprise offer the following programs to its employees:

paid training programs student internships/co-ops
 50% or greater tuition stipend daycare/transportation assistance

21. Is the site of this project a brownfield? yes no

22. If moving into an existing building, is it a single-use building or been vacant for more than one (1) year?

yes no

23. Does the enterprise hire the difficult to employ (e.g., unemployed, disabled, ADC eligible)? yes

EXEMPTION REQUEST

24. Project will begin _____, 20____, and be completed _____, 20____, provided a tax exemption is granted.

25. Enterprise's reasons for requesting tax incentive (please be quantitatively/qualitatively specific):

—

—

APPLICANT SIGNATURES

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the Ohio Revised Code Sections 9.66 (C)(1) and 2931.13(D)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefits as well as a fine of not more than \$1,000.00 and/or term of imprisonment of not more than six (6) months.

This application will be incorporated into a final agreement as "Attachment A."

Tangible Personal Property Owner:

Date

Signature/Title

Enterprise

Real Property Owner:

(If different from the personal property owner.)

Date

Signature/Title

<u>INTEROFFICE USE ONLY</u>										7/01
Development Specialist: _____					Notes: _____					
Community: _____										
EHC	FPG	LVL	NC	N	RLE	SHV	SPD	SBE	WHC	
Date Submitted: _____										