# CITY OF KENT COMMUNITY REINVESTMENT AREA APPLICATION

The fo	ollowing is an application to t	•		
	Enterprise name	, Hereinafte	er referred to as the	e enterprise,
for Co	ommunity Reinvestment Area			
1. a. Name of business, home or main office address, contact person, and telephone is (attach additional pages if multiple enterprise participants).			hone number	
		Applicant Enterprise Name		
Enterp	orise Street Address	City	State	Zip Code
Conta	ct Person	Telephone	Fax	
b.	Project Site			
	Cit	ty of Kent Project Site Addre	ess	
2.	Nature of business (manufa	acturing, distribution, wholes	sale, retail, residen	tial or other).
3.	List 4 digit Standard Indust enterprise.	rial Codes that apply to the p	products produced	by the
	SIC Code #Primary SIC	SIC Code #		
	SIC Code #	SIC Code #		
4.	Form of business of enterpr	rise (corporation, partnership	o, proprietorship, o	r other).

5.	Name of principal owner(s) or officers of the business (attach list if necessary).			
6.	Is business seasonal in nature? Yes No			
7.	Project will begin, 200 and be completed, 200 provided a tax exemption is provided.			
8.	For new projects, please project the demand for the water and sewer services. For expansion projects, please project any increase over existing demand for sewer, storm sewer and water services.			
a. b.	Projected increases in Water Usage (GPD) Projected increased in Sewer Usage (GPD)			
9.	If a consolidation, what are the components of the consolidation? (Must itemize the location, assets, and employment positions to be transferred.)			
10.	Does the enterprise owe:			
a.	Any delinquent taxes to the State of Ohio or any County, City or Township within the State of Ohio? Yes No			
b.	Any moneys to the State or a state agency for the administration or enforcement of any environmental laws of the State? Yes No			
c.	Any other moneys 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 (add additional sheets if necessary.			

11.	or occupy a facility:			
a. b. c. d. e. f. g.	Land: Acquisition of Buildings: Additions/New Construction: Improvements to existing buildings: Machinery & Equipment: Furniture & Fixtures: Inventory: Total New Project Investment:	\$ \$ \$	Amount Eligible For Exemption  \$	
Note: N	lot all of the above items are eligible for tax a			
		S OF FUNDS STATEN		
12.	Please provide below a detailed Sour	rces and Uses of Funds State	ment.	

## PROJECT DESCRIPTION

13.	Please provide a description of the proposed project (attach additional pages if necessary):

### EMPLOYMENT AND PAYROLL INFORMATION

14.	State the enterprise's current employment level at the proposed project site:				
	Current Full-Time Permanent Employment <u>at Proposed Project Site:</u> Current Full-Time Temporary Employment <u>at Proposed Project Site:</u>				
	Current Part-Time Permanent Employment <u>at Proposed Project Site:</u> Current Part-Time Temporary Employment <u>at Proposed Project Site:</u>				
15.	State the enterprise's current employment level in Ohio:				
	Current Total Ohio Full-Time Permanent Employment Current Total Ohio Full-Time Temporary Employment Current Total Ohio Part-Time Permanent Employment Current Total Ohio Part-Time Temporary Employment				
16.	List proposed schedule for <u>new</u> hiring.				
	Year 1 Year 2 Year 3 Other Total   New Full-Time Perm				
17. a.	Estimate the amount of annual payroll such <u>new</u> employees will add.				
	Year 1 Year 2 Year 3 Other Total   New Full-Time Perm. \$				
b.	Indicate separately the amount of existing annual payroll relating to any job retention claim resulting from the project: Full-Time: \$ Part-Time: \$				
18. a.	Will the project involve the relocation of employment positions or assets from one Ohio location to another?				
	Yes No				

b.		state the locations from which employment positions or assets will be relocated location to where the employment positions or assets will be located:		
	Locate	d from:		
	Locate	d to:		
	b.	State the enterprise's current employment level for each facility to be affected by the relocation of employment positions or assets:		
	c.	What is the projected impact of the relocation, detailing the number and type of employees and/or assets to be relocated?		

#### **TAX INFORMATION**

19. In the space provided below estimate the payroll, real estate and personal property values and their associated tax projections for the period of abatement requested.

	YEAR	PAYROLL	INCOME TAX	TOTAL R.E. VALUE	EST. R.E. TAX	
1		\$	\$	\$	\$	
2		\$	\$	\$	\$	
3		\$	\$	\$	\$	
4		\$	\$	\$	\$	
5		\$	\$	\$	\$	
6		\$	\$	\$	\$	
7		\$	\$	\$	\$	
8		\$	\$	\$	\$	
9		\$	\$	\$	\$	
10		\$	\$	\$	\$	
	TOTAL	\$	\$	\$	\$	

Business requests the following tax exemption incentives:

22.

a.	Real Property% foryears
b.	Please explain below how the receipt of tax abatement through the City of Community Reinvestment Area Program will impact on the enterprise's decision to expand or locate within the City of Kent, and state why the project would not go forward with out this financial incentive. Be as quantitatively specific as possible.

#### **CERTIFICATIONS**

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C)(1) and 2921.13(D)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefit as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

The applicant further understands that any misstatement or error in fact may render this application null and void and may be cause for the repeal of any ordinance adopted in reliance on said information.

The Applicant agrees to supply additional information upon request.

Submission of this application expressly authorizes the City of Kent to contact the Ohio Environmental Protection Agency to confirm statements contained within this application, including Item #10, and to review applicable confidential records. As part of this application, the property owner may also be required to directly request form the Ohio Department of Taxation, or complete a waiver form allowing the Department of Taxation to release specific tax records to the City of Kent.

Name of Enterprise	Date
1	
Signature	Type Name and Title

The City of Kent will forward a copy of this proposal to the affected Board of Education along with notice of the meeting date upon which the City of Kent will review the proposal. Notice must be given a minimum of fourteen (14) days prior to the scheduled meeting to permit the Board of Education to appear and/or comment before the legislative authorities considering the request.

A copy of this application will be attached to the Final Community Reinvestment Area Agreement as Exhibit A.

Copies of this proposal will be included in the finalized Community Reinvestment Area Agreement, and be forwarded to the Ohio Department of Taxation and the Ohio Department of Development within fifteen (15) days of final approval.