

Date: _____

CRA Area: _____

CITY OF GAHANNA

APPLICATION FOR THE COMMUNITY REINVESTMENT AREA PROGRAM

This application for Community Reinvestment Area Tax Incentives between the City of Gahanna located in the County of Franklin and _____.

1. a. Name of property owner, home or main office address, contact person, and telephone number (attach additional pages if multiple enterprise participants).

_____ Enterprise Name	_____ Contact Person
_____ Address	_____ Telephone Number

- b. Project site:

_____ Parcel Number (Required)	_____ Contact Person
_____ Address	_____ Telephone Number / Email
_____	_____ Fax number

2. a. Nature of commercial/industrial activity (manufacturing, warehousing, wholesale or retail stores, or other) to be conducted at the site.

- b. List primary 4 digit Standard Industrial Code (SIC) # _____

Business may list other relevant SIC numbers. _____

- c. If a consolidation, what are the components of the consolidation? (must itemize the location, assets, and employment positions to be transferred _____

d. Form of business of enterprise (corporation, partnership, proprietorship, or franchise).

3. a. Where is your business currently located?

- In State Central Ohio Gahanna
 Out of State

b. Why are you locating your business in Gahanna?

4. Name of principal owner(s) or officers of the business.

5. a. State the enterprise's current employment level at the proposed project site:

b. Will the project involve the relocation of employment positions or assets from one Ohio location to another?

Yes ___ No ___

c. If yes, state the locations from which employment positions or assets will be relocated and the location to where the employment positions or assets will be located:

d. State the enterprise's current employment level in Ohio (itemized for full and part-time and permanent and temporary employees):

e. State the enterprise's current employment level for each facility to be affected by the relocation of employment positions or assets: _____

f. What is the projected impact of the relocation, detailing the number and type of employees and/or assets to be relocated? _____

6. Does the Property Owner owe:

a. Any delinquent taxes to the State of Ohio or a political subdivision of the state?
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).

7. Project Description: _____

8. Project will begin: _____, 20__ and be completed _____, 20__ provided a tax exemption is provided.

9. a. Estimate the number of **new** employees the property owner will cause to be created at the facility that is the project site (job creation projection must be itemized by the name of the employer, full and part-time and permanent and temporary):

b. State the time frame of this projected hiring: _____ yrs.

c. State proposed schedule for hiring (itemize by full and part-time and permanent and temporary employees): _____

10. a. Estimate the amount of annual payroll new employees will add \$ _____ (new annual payroll must be itemized by full and part-time and permanent and temporary new employees). _____

b. Indicate separately the amount of existing annual payroll relating to any job retention claim resulting from the project: \$ _____

11. An estimate of the amount to be invested by the enterprise to establish, expand, renovate or occupy a facility:

- A. Acquisition of Buildings: \$ _____
- B. Additions/New Construction: \$ _____
- C. Improvements to existing buildings: \$ _____
- D. Machinery & Equipment: \$ _____
- E. Furniture & Fixtures: \$ _____
- F. Inventory: \$ _____
- G. Other: \$ _____

Total New Project Investment: \$ _____

12. a. Business requests the following tax exemption incentives: _____% for _____ years covering real as described above. Be specific as to the rate, and term.

b. Business's reasons for requesting tax incentives (be quantitatively specific as possible; attach any supporting documents)

13. I certify that a tax incentive is necessary for location and or expansion of my business in Gahanna.

- Yes No

Submission of this application expressly authorizes The City of Gahanna to contact the Ohio Environmental Protection Agency to confirm statements contained within this application including item # 5 and to review applicable confidential records. As part of this application, the property owner may also be required to directly request from the Ohio Department of Taxation, or complete a waiver form allowing the Department of Taxation to release specific tax records to the local jurisdiction considering the request.

The Applicant agrees to supply additional information upon request.

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 benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

Name of Property Owner

Date

Signature

Typed Name and Title

The City of Gahanna will assume responsibility for notification to the affected Board of Education.

This application will be attached to Final Community Reinvestment Area Agreement as Exhibit A.

City of Gahanna