



**Community Reinvestment Area Incentive Application**  
City of Gahanna Planning & Development Department  
200 S. Hamilton Road, Gahanna, OH 43230 Phone: (614) 342-4015

Date Received: \_\_\_\_\_

CRA #: \_\_\_\_\_

**Applicant Information:**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Project Information:**

\_\_\_\_\_  
Project Address

\_\_\_\_\_  
Parcel Number (Required)

\_\_\_\_\_  
Type of Business (Manufacturing, warehouse, retail sales, etc.)

\_\_\_\_\_  
Primary Standard Industrial Code # (May also list other relevant SIC numbers)

\_\_\_\_\_  
If a consolidation, what are the components? (Itemize the locations, assets and employment positions to be transferred.)

\_\_\_\_\_  
Form of business or enterprise (Corporation, partnership, proprietorship or franchise.)

Where is your business currently located?     In State     Out of State     Central Ohio     Gahanna

\_\_\_\_\_  
Why are you locating your business in Gahanna?

\_\_\_\_\_  
Name of principal owner(s) or officers of the business

\_\_\_\_\_  
Current employment level at the proposed project site

Will the project involve the relocation of employment positions or assets from one Ohio location to another?     Yes     No

\_\_\_\_\_  
If yes, state the locations from which employment positions and assets will be relocated from/to.

\_\_\_\_\_  
Company's current employment level in Ohio (itemize by full-time, part-time, permanent and temporary employees)

\_\_\_\_\_  
List current employment level for each facility to be affected by the relocation of employment positions or assets

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Projected impact of the relocation, detailing the number and type of employees and/or assets to be relocated

Does the Applicant owe any of the following:

Delinquent taxes to the State of Ohio or a political subdivision of the state?  Yes  No

Any monies to the State or a state agency for the administration or enforcement of any environmental laws of the state?  Yes  No

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

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If yes to any of the above, please provide complete details of each instance including the location, amounts and/or case numbers.

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Project description

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Date project will begin

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Date project will be completed

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Estimated number of **NEW** employees the Applicant will cause to be created at the facility that is the project site. (Separate job creation projection by the name of the employer and itemize by full-time, part-time, permanent and temporary employees.)

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Time frame for projected hiring (number of years)

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Proposed schedule for hiring (itemize by full-time, part-time, permanent and temporary employees.)

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Estimate the amount of annual payroll **NEW** employees will add. (New annual payroll must be itemized by full-time, part-time, permanent and temporary employees.)

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Indicate separately the amount of existing annual payroll relating to any job retention claim resulting from the project.

Estimate the amount to be invested by the Applicant to establish, expand, renovate or occupy a facility:

Acquisition of buildings	\$
Additions/new construction	\$
Improvements to existing buildings	\$
Machinery & equipment	\$
Furniture & fixtures	\$
Inventory	\$
Other	\$
<b>Total New Project Investment:</b>	<b>\$</b>

Applicant requests the following tax exemption incentive: \_\_\_\_\_% for \_\_\_\_\_ years

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Reasons for requesting tax incentive (Be as specific as possible and attach any supporting documentation.)

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 authorized the City of Gahanna to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records. As part of this application, the Applicant 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 City of Gahanna. 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 Ohio Revised Code Section 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 assistant benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

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Applicant Name & Title

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Date

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Signature

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

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

CITY OF GAHANNA, OHIO

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Name & Title

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Signature