



CITY OF SIDNEY

**COMMUNITY REINVESTMENT AREA (CRA)
TAX EXEMPTION PROGRAM**

APPLICATION

1. Name of Project: _____
2. Name of Real Property Owner(s): _____
3. Address of Subject Property: _____
4. When Did the Current Owners Acquire the Property: _____
5. Name of Prior Owner(s) if Purchase Was Made in the Last Year: _____

6. Name of Business (if applicable): _____
7. Contact Person: _____
Daytime Phone #: _____ Fax #: _____
E-Mail: _____
8. Legal Organization for Business, i.e., corporation, partnership, sole proprietorship: _____

9. Name of Principal Owner(s) or Officers of the Business:

10. Name(s) and Address of Parent Company (if applicable and different than applicant)

Name of Business: _____

Street: _____

City/State: _____

Zip Code: _____

11. Attach a sheet describing the nature of the project and or improvements made to the site: e.g., square footage of improvements, amount of real and personal property improvements (not including land), # of new jobs created/retained – Attachment A

12. Date of Project Completion: _____

13. Does this project involve a structure of historical or architectural significance?

____ Yes (Please attach a sheet describing the historic significance, e.g. National Historical Registry – Attachment B)

____ No

14. Attach a copy of a Legal Description for the property, e.g., copy of the deed - Attachment C

15. County Tax Parcel ID number(s) for real property:

16. Attach copy of tax duplicate information on valuation of property prior to making improvements, from Shelby County Auditor's Office – Attachment D

- 17. Attach documentation on improvements made to the property, e.g. contractor's invoices – Attachment E
- 18. Provide a sheet describing current products manufactured/handled – Attachment F
- 19. Provide a location map and site plan for the property for which this application is being submitted (for new projects only) – Attachment G
- 20. Will the proposed project involve: (check most appropriate response)

_____ Retention of existing jobs

_____ Addition of jobs to existing workforce

_____ New employer with new positions

- 21. Indicate the classification, number and estimated payroll associated with **current number of full-time equivalent employees (if applicable)**. Payroll figures should reflect the applicant's most recent fiscal year figures, actual or projected, including fringe benefit expenses:

Classification	Number	Payroll	Fringes	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach additional sheet if necessary – Attachment H

- 22. Indicate the number of **new full-time equivalent jobs** by classification and anticipated payroll that the applicant expects to employ in the first full fiscal year of operation of the business activity that will be benefited by the tax abatement:

Classification	Number	Payroll	Fringes	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the level of employment activity is expected to vary throughout the period of abatement, either increase or decrease, attach sheets which indicate the same information as above for the appropriate time period(s) – Attachment I

23. If the project involves retention of jobs, indicate the classification, number and estimates payroll for the **jobs that will be retained** as a result of the granting of the abatement. If the figures are the same as provided in Item 20, indicate by writing “same” in the space provided below:

Classification	Number	Payroll	Fringes	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

24. Signature of authorized agent of business:

Signature	Name and Title	Date

