

City of Tifton
Enterprise Zone Application
Project Information:

Business Name: _____

Primary Contact: _____

Mailing Address: _____

Property Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Enterprise Zone: _____

Map & Parcel Number: _____

Historic District: (If applicable) _____

NEW STRUCTURE

EXISTING STRUCTURE

_____	Land Value	_____
_____	Structure Value	_____
_____	Rehabilitation Est.*	_____
_____	New Construction Est.*	_____

**Documentation may be required.*

Return Application to: City Clerk's Office - cityclerk@tifton.net

Funding Sources

Name of Institution:

Provide sources of payment and supporting documents i.e., bank commitment letter, etc.

Projected Dates and Milestones:

(Please attach timeline)

Construction/Renovation Completed Date: _____

Operations/Business Start Date: _____

Date Began Hiring New Employees:
(if applicable) _____

Number of New Employees: _____

Purchase of Machinery and Equipment: _____

City of Tifton Business Development

Type of Use: (Specify)**Check the appropriate Box(es)****Residential:** Single Family _____ Multi Family # _____
(Includes Loft Apartments)

SIC Code: _____

Business: Retail Sales _____ _____ _____

SIC Code: _____

Manufacturing:

SIC Code: _____

Services:**Check Business Characteristics:****Check the appropriate Box (es)****Applicant Type: #** New Jobs _____ Retained Jobs _____ **Total** _____**Recruitment Type: (Out of State)** Expansion Relocation Consolidation Start-up**Benefit Type:** Renovated Existing Facility New Facility Expand Existing Facility Machinery/Equipment**Retention Type: (Local)** Expansion Relocation within Georgia Consolidation Upgrade Process/Equipment

Jobs for Which You Are Applying for Benefits:

Jobs to be created for Benefit.

(Attach a breakdown of types of new jobs by classification or title and the salary range of hourly rate for each, {must match the job numbers stated below}.)

Number of New Jobs Created: _____

Total Amount of Payroll for New Jobs: \$ _____

Note: Leased, contract, temporary, and construction employees do not qualify as new employees.

Contingent upon annual review.

I hereby certify that all information is true to the best of my knowledge. I further acknowledge that by filing the application and accepting the incentives granted. I agree to undertake the project as described. Falsification of documents or failure to carry out the project may result in revocation of incentives and/or penalties under law.

Signature

Date

Title

I agree to remain at this location for the length of the abatement period; I further agree that if I default in this agreement to repay the City of Tifton at a pro-rated amount. In addition, I agree to use all City Services for the length of this abatement. I also acknowledge that the incentive maybe continued upon the transfer of the property.

Applicant Signature

STAFF RECOMMENDATION

<u>Type of Incentive:</u>	Maximum Incentive Available	Amount Staff Recommends	Staff Initials
Building Permit Fee:	_____	_____	_____
Utilities: (Site Specific Review)	_____	_____	_____
Landfill Tipping Fee: (100%) Abated (Site Specific Review)	_____	_____	_____
Business License Fee: (1st Year) 100%	_____	_____	_____
(2nd Year) 50%	_____	_____	_____
Total Estimated Future			
Tax Abatements: (Years 1-10)	_____	_____	_____
Year 1	(100%)		
Year 2	(100%)		
Year 3	(100%)		
Year 4	(100%)		
Year 5	(100%)		
Year 6	(80%)		
Year 7	(80%)		
Year 8	(60%)		
Year 9	(40%)		
Year 10	(20%)		

Based on annual assessment value _____

This is an estimate only. Actual figures may vary.

To be signed by applicant after review of incentive package.

Applicant Signature

Enterprise Zone Board Approval

Julie Smith, Mayor

Date

Wes Ehlers Vice Mayor, District #1

Date

Jack Folk, District #2

Date

Johnny Terrell, District #3

Date

Frank Sayles, Jr., District #4

Date

Attest: Jessica Jones
City Clerk, CMC

Date

Actual Incentives Approved

Type of Incentive:

Staff Initials

Building Permit Fee: _____

Utilities: _____

(Site Specific Review) _____

Landfill Tipping Fee: _____

(100%) Abated _____

(Site Specific Review) _____

Business License Fee: _____

(1st Year) 100% _____

(2nd Year) 50% _____

**Total Estimated Future
Tax Abatements: _____ (Years 1-10)**

Year 1 (100%) _____

Year 2 (100%) _____

Year 3 (100%) _____

Year 4 (100%) _____

Year 5 (100%) _____

Year 6 (80%) _____

Year 7 (80%) _____

Year 8 (60%) _____

Year 9 (40%) _____

Year 10 (20%) _____

Total Granted: _____

Based on annual assessment value

To be signed by applicant after review of incentive package.

Applicant Signature

Preliminary Information To Be Supplied By Staff

<u>Type of Incentive:</u>		Staff Initials
Building Permit Fee:	_____	_____
Landfill Tipping Fee:	_____	_____
(100%) Abated		
(Site Specific Review)		
Total Estimated Future		
Tax Abatements:	_____	_____
(Years 1-10)		
Year 1 (100%)	_____	
Year 2 (100%)	_____	
Year 3 (100%)	_____	
Year 4 (100%)	_____	
Year 5 (100%)	_____	
Year 6 (80%)	_____	
Year 7 (80%)	_____	
Year 8 (60%)	_____	
Year 9 (40%)	_____	
Year 10 (20%)	_____	

Based on annual assessment value

To be signed by applicant after review of incentive package.

Applicant Signature

This is an estimate only actual figures may vary.