



City of Urbana, Iowa

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Tax Increment Financing Application Economic Development Assistance

This application is to be used for financial assistance under Chapters 15A and 403 of the Code of Iowa. Applications should be returned to the Economic Development Committee.

1. Name of business enterprise: _____
2. Form of Entity: Corporation General Partnership Limited Partnership Sole Proprietorship
3. State of Organization: _____ Taxpayer ID #: _____
4. Address: _____ Phone #: _____

5. Enterprises type is: Commercial Manufacturing. Briefly describe business in which enterprise is engaged: _____

6. Two principal officers, partners or owners: Name _____ Title: _____
Name _____ Title: _____
7. The principal business has been in business for _____ years.
8. Describe the development project for which financial assistance is requested (include square footage of finished Building): _____

9. Proposed location of development project:
Legal description (i.e. lot & block): _____

Address: _____
10. Is the project site located within Urbana's TIF district? Yes No

11. Why are you requesting financial assistance from Urbana? _____

12. Describe how the development project is to be financed: _____

13. Describe other governmental assistance for development project (local, state, federal): _____

14. Expected taxable value of project improvements _____

15. Estimated cost of construction (do not include any machinery and/or equipment costs): _____

16. Estimated date of completion: _____

17. Are any hazardous materials:

A. used or stored as a result of the project? Yes No

B. sold as a result of the project? Yes No

If yes, please explain further: _____

| 18. # of current employees In Urbana | # of employees in Urbana (transferred or new hires upon Project completion) | # of employees in Urbana within 2 years of Project Completion |
|---|---|---|
| _____ 40+ hours/week | _____ 40+ hours/week | _____ 40+ hours/week |
| _____ 30-40 hours/week | _____ 30-40 hours/week | _____ 30-40 hours/week |
| _____ 30 or less hours/week | _____ 30 or less hours/week | _____ 30 or less hours/week |

19. Will the business enterprise own or lease the project site and facilities? Own Lease

20. If leased, list the owner(s): Name: _____

Address: _____

Phone #: _____

(Be advised that additional information and consent may be required from the owner.)

21. Other pertinent information: (additional sheets may be attached): _____

22. Are there any other restrictions, obligations, or contingencies that the municipality wants in the Development Agreement?

On this _____ day of _____, _____, on behalf of the business enterprise identified above, I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature

Print or type name and title

An Executive Summary of your Business Plan for the above business must be submitted with this document to be considered for financial assistance.

Mark location of the proposed project on a map of the City and submit with this Application.

Any financial assistance approved by the City of Urbana will only be awarded after the improvements have been completed or per the rebate schedule.