



AUSTELL ENTERPRISE ZONE APPLICATION

PROJECT INFORMATION

Project Name: (the exact legal name under which the business is applying for designation)

Street Address: (location of the qualified business within the Enterprise Zone)

Tax Parcel ID Numbers:

City/State/Zip:

Mailing Address:

City/State/Zip:

If constructing a new facility and address is not available, state and provide address to the Office as soon as it is available. The address must be provided to the Office before the project is eligible for benefits.

Local Business Liaison (Local Contact Person at Qualified Business Site)

Primary Business Representative (Primary Business Representative with Signature Authority as Identified in Corporate Resolution)

Name

Title

Organization

Street Address

Mailing Address

City/State/Zip

Telephone

Fax Number

Parent Company (If Applicable) Street Address Mailing Address City/State/Zip Telephone

(For Department Use)

(For Applicant Use)

Complete	Incomplete		If Complete Initial and Attach
_____	_____	Financial supporting documentation if applicable, for example bank commitment letters.	_____
_____	_____	Three years of financials must include income statements and balance sheets.	_____
_____	_____	If a start-up business, submit three years of projections and supporting documents.	_____
_____	_____	Evidence of property access, i.e., copy of warranty deed or executed lease agreement.	_____
_____	_____	Cobb County Business License or application.	_____

Business Type

Federal Tax ID Number: _____ SIC Code (4 Digits) _____ HUB

Business Type: _____
(Manufacturing, Service, Etc.)

Primary Product: _____

Business Characteristics: Check the Appropriate Box(es)

<p>Applicant Type</p> <p><input type="checkbox"/> New Jobs <input type="checkbox"/> Exporter</p> <p><input type="checkbox"/> Retained Jobs <input type="checkbox"/> Non-Exporter</p> <p><input type="checkbox"/> New & Retained Jobs</p>	<p>Benefit Type</p> <p><input type="checkbox"/> Renovate Existing Facility <input type="checkbox"/> New Facility</p> <p><input type="checkbox"/> Expand Existing Facility <input type="checkbox"/> Machinery/Equipment</p>
<p>Recruitment Type (Out-of-State)</p> <p><input type="checkbox"/> Expansion <input type="checkbox"/> Consolidation</p> <p><input type="checkbox"/> Relocation <input type="checkbox"/> Start-Up</p>	<p>Retention Type (Local)</p> <p><input type="checkbox"/> Expansion <input type="checkbox"/> Relocation within Georgia</p> <p><input type="checkbox"/> Consolidation <input type="checkbox"/> Upgrade Process/Equipment</p>

Source of Funding for Project:

Internal *External*

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

Explain:

Projected Capital Investment: *(To be made in the Zone over the entire 10-year period.)*

Land	\$ _____
Buildings	\$ _____
Manufacturing Machinery	\$ _____
Other Machinery and Equipment	\$ _____
Other: _____	\$ _____
Grand Total	\$ _____

Business Projected Dates and Milestones:

Construction Start Date	_____
Construction Completion Date	_____
Operations Start Date	_____
Date Begin Hiring New Employees	_____
Purchase of Machinery and Equipment	_____

Permits: *(Provide the status of all local, state, and federal permits)* **No Permits Required**

If pending, the Issuing Agency	Status	Date Expected
_____	<input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> N/A	_____

NOTE: Do not attach copies of permits.

Jobs for Which You Are Applying for Benefit: *(Projected for 10-Year Designation Period)*

Jobs to be Created for Benefit. (Attach a breakdown of types of new jobs by classification or title and the salary range or hourly rate for each, [must match the job numbers stated below].)

Number of New Jobs _____

Total Amount of Payroll for New Jobs \$ _____

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

Number of Local Residents Hired: _____ Number of Low/Moderate Income Hired: _____

Permanent, Full-Time Jobs:

Job Classification	Job Title	Number of Positions	Estimated Wage Range per Job	Estimated Annual Wages
Sub-Total, Full-Time Jobs		_____		_____
Permanent, Part-Time Jobs:				
Sub-Total, Part-Time Jobs		_____		_____
Seasonal Jobs:				
Sub-Total, Seasonal Jobs		_____		_____
Grand Total, All Jobs		_____		_____

NOTE: *You may replicate this page on computer or substitute company documents and substitute the replicated page as part of the application. Please provide concise and informative answers.*

The Business. Provide an introduction, history, and description of the qualified business, its products, services, total sales, number of employees, locations (international, national, and in Georgia), description of primary materials purchased, product transportation, etc.

NOTE: *You may replicate this page on computer or substitute company documents and substitute the replicated page as part of the application. Please provide concise and informative answers.*

Project Description. Provide a description of the company's plans, including projected capital investment of the business in the zone for a 10-year project designation period (expansion, consolidation, relocation, etc.).

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



AUSTELL ENTERPRISE ZONE

ANNUAL JOB RETENTION WORKSHEET & CERTIFICATION

NOTE: If your company is applying for or receiving Georgia Job Tax Credits simply submit a copy of that form to the Community Affairs Office, City of Austell, at 5000 Austell Powder Springs Road, Suite 101, Austell, Georgia 30106 by April 1 of each calendar year.

Job Retention Worksheet and Certification for Tax Incentives

Date

Telephone

Name of Business

Mailing Address

Street Address of Site Where Employees Are Located

Jobs to be Retained for Benefit. Businesses must retain five (5) new jobs to continue to qualify for tax incentives.

Number of Retained Jobs _____

Total Amount of Payroll for Retained Jobs \$ _____

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

Jobs to be Retained for Benefit _____ Benefit Year _____

Years 2-10

Permanent, Full-Time Jobs:

Job Classification	Job Title	Number of Positions	Estimated Wage Range per Job	Estimated Annual Wages
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Sub-Total, Full-Time Jobs _____

Permanent, Part-Time Jobs: _____

Sub-Total, Part-Time Jobs _____

Seasonal Jobs: _____

Sub-Total, Seasonal Jobs _____

Grand Total, All Jobs _____

Signature

Date

By signing this form you are indicating that the information referenced above is true and accurate to the best of your knowledge. This form must be completed and submitted to the City of Austell Community Affairs Office by April 1 of each calendar year. Failure to retain the minimum number of jobs will result in the revocation of the Enterprise Zone designation.