



COMMUNITY REINVESTMENT AREA PROGRAM APPLICATION

Ordinance 128-1996

Application Date	
Project Address	

APPLICANT INFORMATION

Contact Name		Title			
Company Name					
Address					
City		State		Zip Code	
Phone		Email			

PROPERTY OWNER INFORMATION (if different)

Name		Phone			
Address					
City		State		Zip Code	

PROJECT INFORMATION

Project Address					
Business Type	<input type="checkbox"/> Commercial (non-retail)	<input type="checkbox"/> Commercial (retail)	<input type="checkbox"/> Industrial		
Project Type	<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodeling	<input type="checkbox"/> Addition		
Exemption Category (Select One):					
<input type="checkbox"/> Industrial and non-retail commercial, \$1,000,000 min. annual payroll, (100% property tax abatement for 7 years)					
<input type="checkbox"/> Commercial retail, not located in the Design Control District, \$100,000 min annual payroll (50% property tax abatement for 4 years)					
<input type="checkbox"/> New construction located in the Design Control District (100% property tax abatement for 7 years, maximum)					
<input type="checkbox"/> Industrial and non-retail commercial, \$500,000 annual payroll at end of 6th year of abatement period (100% property tax abatement for additional 3 years)					
<input type="checkbox"/> Commercial retail, not located in the Design Control District, \$500,000 annual payroll at end of 4th year of abatement period (50% property tax abatement for additional 3 years)					
Construction Cost (excluding soft costs)					
Est. Construction Schedule	Start		Completion		

JOBS/CURRENT PAYROLL/JOB CREATION INFORMATION

Current Number of Jobs	Full Time		Part Time	
Total Annual Payroll at Time of Application	\$			
Est. No. of Jobs at Project Completion	Full Time		Part Time	
Total Jobs at Project Completion				
Est. Annual Payroll at Project Completion	\$			

PROJECT DESCRIPTION

SUBMISSION AND ACKNOWLEDGEMENTS:

- A. As an authorized agent of the applicant company, I hereby submit this application with the understanding that any false information will automatically deny the application and may subject the applicant to prosecution.
- B. I hereby certify that the required payroll information will be provided to the City of Tallmadge Finance Department on an annual basis as of December 31st of each tax year throughout the term of the Agreement. Information shall be consistent with city, state, and federal tax filings. All information will be filed by March 1st of each year with the City of Tallmadge Finance Department on forms required by the City of Tallmadge Finance Department.
- C. I hereby certify the applicant company is current on all taxes, assessments, and any other governmental incentives they are receiving and will remain current throughout the term of this Agreement. Failure to abide by the above conditions may subject applicant to a determination of default and therefore may be denied any remaining reward.

Signature

Date

Print Name

Witness

Date

OFFICE USE ONLY:

RECEIVED BY: _____

DATE RECEIVED: _____