

**SALES TAX INCENTIVE APPLICATION
EXISTING BUSINESS IN
GENERAL COMMERCIAL DISTRICT C-2**

GENERAL INFORMATION

Business Name: _____ Owner's Name: _____
Mailing Address: _____ Mailing Address _____
Physical Address: _____ Physical Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone Number: _____ Phone Number: _____
E-mail Address: _____ E-mail Address: _____
Number of Years business has existed in the C-2 Downtown District: _____

BUILDING EXPANSION & BUSINESS INFORMATION

(Attach a rendering of the proposed building expansion)

Building Size: _____ Expansion Cost Estimate \$ _____
Interior Business Premise sq. ft. before expansion: _____ after expansion: _____
Date Expansion was completed: _____
Type of Business: _____
Retail Items or Services Offered: _____

EMPLOYMENT INFORMATION

Number of FTE: _____ Number of PTE: _____ Number of Management Staff: _____
Average Wage/Hr of FTE: _____ Average Wage/Hr of PTE: _____
Are employees covered by a benefit plan? Full-Time? _____ Part-Time? _____
Additional Employment Information: _____

FINANCIAL INFORMATION

Total annual sales subject to sales tax before Expansion (a minimum of 1 year but not to exceed 3 years):
Low: \$ _____ High: \$ _____ Average \$ _____

Signature of Applicant _____
Date

Printed Name