

**SALES TAX INCENTIVE APPLICATION
NEW 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: _____
Date business opened in the C-2 Downtown District: _____

SITE, BUILDING & BUSINESS INFORMATION

(Attach a rendering of the proposed building and site plan)

Site Dimension: _____ Building Size _____
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? _____

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