**[APPENDIX A]**

**CITY OF DE SOTO, KANSAS**

**APPLICATION FOR ECONOMIC INCENTIVES**

The City recognizes that some incentives may be pursued by an agent (i.e. “Applicant”) of the actual owner of the project or development who will benefit from the incentives (hereinafter “Owner”). The City is most interested in obtaining background information related to the Owner. To the extent the management and ownership of the Applicant differs from the Owner, include information about those individuals where applicable.

**A. GENERAL INFORMATION**

1. \_\_\_ \_\_\_\_\_\_\_\_\_

Name of Owner/Applicant Date of Request

2. Local Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address

Applicant and Owner’s Addresses

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address

3. Names and titles of the Owner’s principal officers and directors including local principal officers and/or management personnel, if known:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

4. How long has the Owner been in business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Has the Owner, Applicant, or any principal thereof:

Been convicted or any crime other than a traffic violation in the past ten (10) years?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

 Had Federal or State tax liens filed against them? \_\_\_\_\_\_ Yes \_\_\_\_\_ No

Had a court judgment rendered against them that remains unpaid? \_\_\_\_\_ Yes \_\_\_\_\_No

 For themselves or any of their subsidiaries, been declared insolvent, bankrupt or been in receivership? \_\_\_\_\_Yes \_\_\_\_\_No

For themselves or any of their, filed an application for tax abatements or incentives in another community? \_\_\_\_\_\_ Yes \_\_\_\_\_ No

The name, address and telephone numbers of two banking or credit references:

 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Names and addresses of all persons or firms that will be listed as owner(s) of the property to receive incentives:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address

7. Provide a brief history of the Owner, including the types of developments completed (for commercial developments, please list names of retailers and service firms):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Describe in general terms the legal structure of both the Owner and the Applicant. Specifically indicate how your business is organized (i.e., corporation, partnership, etc.), where the entity is domiciled, ownership, subsidiaries or affiliates and any other information necessary to understand how you are legally organized.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Enclose a copy of the Owner’s audited financial statements for the past five (5) years. If the Owner does not prepare audited financials, please include unaudited financial statements for the same period with a certification by the Owner that the financial information provided, to the best of the Owner’s knowledge, is complete, final and accurate.

10. Attach to this application the names, locations and contacts of other governments from which the Owner has received or applied for economic incentives, including but not limited to Tax Increment Financing (TIF), Community Improvement District (CID) financing, Transportation Development District (TDD) bonds, STAR bonds, tax abatements and/or industrial revenue bonds if applicable.

\_\_\_\_ check here if **NOT** applicable.

**B. NATURE OF THE IMPROVEMENTS**

1. Location of improvements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Land to be purchased:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

sq. feet or acres \_\_\_\_\_\_\_\_\_\_\_

value/purchase price: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. New construction or modification:

sq. feet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify Construction:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please state the reason for the establishment of the new facility or the expansion or replacement of the existing facility:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. What are the approximate starting and completion dates for the project? The completion

date is defined as the date you will be ready to utilize the new or expanded facility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date Completion Date

**C. PROPOSED USE AND ECONOMIC BENEFIT**

1. What type of new or expanded business activity does the Owner propose?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. List the types of retail or service firm to be located in the proposed development (include

details of the nature and scope of the operation of the business):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. What percentage of the facility will the Owner occupy? \_\_\_\_\_\_\_\_\_\_%

4. Do any of the proposed retailers or service firms have a product or process that may

 pose or create an environmental hazard when it is sold, destroyed or discarded?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Please list all new employees and proposed wages, excluding fringe benefits, by the job titles included in the Annual Wage Survey prepared by the Kansas Department of Labor, if possible.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** **Full-time Employees** | **Job Title** | **Salary** **Range** | **# New****Employees** | **# of****Transfers** | **Avg.****Annual****Salary** | **Date Hired** |
| Management |  |  |  |  |  |  |
| Professional |  |  |  |  |  |  |
| Technical |  |  |  |  |  |  |
| Clerical |  |  |  |  |  |  |
| Production/Assembly |  |  |  |  |  |  |
| **Category****Part-time****employees** | **Job Title** | **Salary** **Range** | **# New****Employees** | **# of****Transfers** | **Avg.****Annual****Salary** | **Date Hired** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

For transferred employees, please note from where the Owner expects employees to be transferred.

6. What are the employer's share of fringe benefits including health insurance but excluding vacation, holidays, and sick leave, as a percentage of annual salary by employee category? Also indicate the percentage of health insurance cost paid by the employer.

|  |  |  |
| --- | --- | --- |
| **Category** | **Fringe Benefit %** | **Health Insurance****(% Paid by Employer)** |
| Management |  |  |
| Professional |  |  |
| Technical |  |  |
| Clerical |  |  |
| Production/Assembly |  |  |

Note: Percentage varies with salary level if all employees receive the same benefit package.

7. Briefly describe the medical, vacation, sick leave and retirement benefits available to employees at the project. (Attach any appropriate benefit summary publications if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Provide a breakdown of your annual operating expenses. Indicate the percentage of total annual operation expenses that will be spent locally within Johnson County for each item.

For firms expanding their facilities and operations in Johnson County, indicate the current annual operating expenses and provide a projection for the incremental expenses after the expansion. For firms planning to newly locate in Johnson County an accurate projection of future annual operational expenses need to be provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expense** | **Actual** (for existing facility) | **Project Total** (After construction or expansion of new facility) | **% Spent in Johnson** **County** |
|  | **$ Amount** | **$ Amount** | **Actual %** | **Projected** **Total %** |
| Professional services(legal, accounting,advertising, etc.) |  |  |  |  |
| Business services (training, maintenance) |  |  |  |  |
| cleaning services |  |  |  |  |
| transportation |  |  |  |  |
| office supplies |  |  |  |  |
| material and goods |  |  |  |  |
| other (specify) |  |  |  |  |

**Annual Operational Expenses** (Do not report labor costs, debt service, or purchase of equipment subject to personal property tax).

**Actual Expenses**

**Subtotal** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. TAX ABATEMENT INFORMATION (Not applicable to Retail Development).**

A. Amount or percentage of tax abatement requested and duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. In-lieu-of-tax payments offered and duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Why tax abatement is a critical factor in determining whether the proposed project is to be completed?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**E. OTHER INCENTIVE INFORMATION**

**Annual Operational Expenses** (Do not report labor costs, debt service, or purchase of equipment subject to personal property tax.)

|  |  |  |
| --- | --- | --- |
| Type of Expense | Actual ($ amount) | Projected Total ($ amount) |
| Telephone |  |  |
| Electricity |  |  |
| Gas |  |  |
| Water |  |  |
| Waste Water |  |  |
| Garbage |  |  |
| Cable |  |  |
| Other |  |  |

 **Actual Expenses**

**Subtotal** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State all incentives being requested within this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Provide reasons why economic incentives are necessary for the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. What improvements or services will need to be provided by the City or County to accommodate this improvement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**F. GENERAL CONDITIONS**

The following general conditions are understood and agreed to by the firm receiving

economic incentives from the City of De Soto:

1. The Owner and Applicant must agree to and reimburse the City for the costs of any legal, financial, or administrative research and work done in reviewing the proposal, preparing other necessary legal documents, and researching the qualifications of the applicant.

2. Prior to issuance of the economic incentives, the Applicant's proposal and information may require approval from the Kansas Department of Commerce and/or other state

agencies.

3. The Applicant agrees to provide additional information considered necessary by the

City Administrator to make a recommendation to the City Council on granting the economic incentives.

4. Each business receiving a tax abatement must complete an annual report by

March 1 of each year covering the previous calendar year, and pay an annual renewal fee of $1000.00 to the City. The City Administrator may require periodic reports for any other economic incentives granted by the City.

5. Enclosed is the application fee of $1,000.00, as defined in the City’s Fee Resolution, payable to the City of De Soto, Kansas.

**I (we) verify that the above information and assurances made are complete and correct to the best of my (our) knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (print name) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (print name) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title