



## CITY OF CLINTON APPLICATION FOR CHAPTER 100 TAX ABATEMENT

Complete and provide the following information including any attachments. If necessary, attach additional pages to complete answers. Failure to provide all required information in a complete and accurate manner could delay processing of your application. The City reserves the right to reject or stop the processing of an application lacking all required items.

### 1. APPLICANT INFORMATION

Applicant Name:

Applicant Address:

Telephone:

Name & Title of Contact Person:

Telephone:

Email Address:

Fax No.:

Applicant's Attorney – firm name and individual's name:

Firm Address:

Telephone:

Attorney Email Address:

Fax No.:

Bond Purchaser/Underwriter for Applicant:

Bond Purchaser/Underwriter Address:

Telephone:

Bond Purchaser/Underwriter Email Address:

Fax No.:

Applicant Bond Counsel:

Applicant Bond Counsel Address:

Telephone:

Applicant Bond Counsel Email Address:

Fax No.:

### 2. BUSINESS INFORMATION

Identify Applicant's business type:

Corporation

Partnership

Sole Proprietorship

Other

State of Incorporation/organization and year:

Describe the line or lines of business engaged in by the Applicant:

[Click here to enter text.](#)

### 3. PROJECT INFORMATION

Describe the nature of the proposed project, including: size of facility; amount of land to be purchased (if applicable); whether the project is an expansion of existing facility, construction of a new facility, or both; proposed use of the facility; reason(s) the Applicant requires a new or expanded facility; and phasing plans if the project is to be constructed in multiple phases:

[Click here to enter text.](#)

Current zoning of property:

Current Assessed Value (AV) of property:

a. Land

b. Building

c. Equipment (Personal Property)

Type of tax abatement being requested:

Real Property

Personal Property

Provide the street address, Henry County Parcel ID Number and attach the legal description for the property where the project will be located:

[Click here to enter text.](#)

In which legislative District(s) is the Project located?

House:

Senate:

Description of Estimated Costs:	Amount	Financed w/ Bonds
Acquisition of Land/Existing Buildings	\$	\$
Construction Costs:		
Architectural & Engineering Contracts	\$	\$
Site Preparation (grading, fill, etc.)	\$	\$
Building Improvements	\$	\$
Site Improvements	\$	\$
Utilities Construction/Expansion	\$	\$
Renovation costs	\$	\$
Machinery and Equipment	\$	\$
Furniture and Fixtures	\$	\$
Interest during Construction		
From       to	\$	\$
Accounting, Legal, Miscellaneous	\$	\$
Contingency	\$	\$
TOTAL PROJECT COSTS	\$	\$

**4. JOBS AND WAGES CREATED/RETAINED**

YEAR	PROFESSIONAL	TECHNICAL	CLERICAL	GENERAL LABOR	TOTAL
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>TOTAL</b>					

**5. OTHER**

Describe or attach any other information to the proposed project and/or project financing.  
[Click here to enter text.](#)

**6. APPLICANT'S AGREEMENT**

The Applicant certifies that the undersigned is authorized to execute this application on behalf of the Applicant. Applicant represents and warrants that all statements of fact contained in this application are true to Applicant's best knowledge and belief. Applicant has a continuing obligation to supplement its application when any new information is acquired.

APPLICANT:  
 Authorized Representative Signature:

Date:

Printed Name: