

CITY OF GOLIAD, TEXAS



APPLICATION FOR TAX ABATEMENT

NOTICE TO ALL PERSONS REVIEWING THIS APPLICATION:

Pursuant to Section 312.003 of the Texas Tax Code, information provided to a taxing unit in connection with an application or request for tax abatement which information describes the specific process or business activities to be conducted or the equipment or other property to be located on the property for which tax abatement is sought is confidential and not subject to public disclosure until the tax abatement agreement is executed.

The application and all supporting documentation should be treated as CONFIDENTIAL unless and until a tax abatement agreement is executed and approved by the City Council of the City of Goliad, Texas.

APPLICANT INFORMATION

APPLICATION DATE: _____

COMPANY NAME: _____

COMPANY'S HEADQUARTERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

COMPANY'S LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LOCAL TELEPHONE: _____ EMAIL: _____

WEBSITE: _____

BUSINESS ENTITY:

- | | | | |
|--------------------------|---------------------------|--------------------------|-------------|
| <input type="checkbox"/> | Sole Proprietor | <input type="checkbox"/> | DBA |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Other |

If "PARTNERSHIP," please explain in detail applicant's partnership structure:

If "DBA" or "OTHER," please explain in detail the applicant's business entity structure:

Date and State of Incorporation: _____

(Please provide a copy of the Articles of Incorporation, Partnership Agreement or other instrument by which the above Business Entity was created.)

Years in Goliad County: _____

Is the Applicant authorized to do business in the state of Texas? Yes No

Has the Applicant ever filed for bankruptcy? Yes No

If "YES", please explain in detail the applicant's bankruptcy history including but not limited to dates and bankruptcy court(s) having jurisdiction over any bankruptcy proceedings.

Is Applicant in good standing with the State Comptroller's Office? Yes No
(Please attach a certificate of good standing from the Texas Comptroller's Office)

Is Applicant delinquent on any property taxes? Yes No
(Please attach a tax certificate showing all taxes on the Real Property located in Goliad County have been paid)

REGISTERED AGENT:

REGISTERED AGENT NAME: _____

BUSINESS / FIRM: _____

AGENT'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **EMAIL:** _____

COMPANY REPRESENTATIVE AUTHORIZED FOR APPLICANT:

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **EMAIL:** _____

AUTHORIZED COMPANY OFFICIAL:

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **EMAIL:** _____

AUTHORIZED SIGNATURE ON BEHALF OF APPLICANT:

BY SIGNING THIS APPLICATION, THE APPLICANT AND ITS AUTHORIZED COMPANY OFFICIAL REPRESENT TO THE CITY OF GOLIAD, TEXAS THAT THE INFORMATION CONTAINED HEREIN IS TRUTHFUL, ACCURATE, AND CORRECT. THE APPLICANT AND ITS AUTHORIZED COMPANY OFFICIAL FURTHER UNDERSTAND THAT ANY CHANGES TO THE INFORMATION CONTAINED HEREIN REQUIRE THE APPLICANT OR ITS AUTHORIZED COMPANY OFFICIAL TO NOTIFY THE CITY OF GOLIAD, TEXAS WITHIN THIRTY (30) DAYS.

PROJECT INFORMATION

- PROJECT CATEGORY:** Warehouse
(choose all that apply) Manufacturing
 Research & Development
 Regional Distribution
 Regional Service Center
 General Office Building(s)
 Other

If "OTHER," please describe in detail the type of project or facility:

- PROJECT TYPE:** New Facility or Structure
(choose all that apply) Expansion of Existing Facility or Structure
 Modernization of Existing Facility or Structure
 Other

Please describe in detail the products or services to be provided by Project:

PROJECT DESCRIPTION: Provide a statement fully describing or explaining the proposed project, including a description of the proposed project site improvements as well as a list of fixed machinery and equipment for which applicant seeks tax abatement. (Attach additional pages if necessary.)

PROJECT LOCATION:

PHYSICAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PROJECT LEGAL DESCRIPTION:

Is the Applicant the owner of the real property where the Project will be located?

YES NO

If "NO," does the Applicant have an executed lease for the real property where the Project will be located?

YES NO

** Please submit a map, survey or plat of the project's legal description with the application.*

TAX ACCOUNT NUMBERS:

NAICS #:

OTHER TAX ABATEMENTS OR INCENTIVES:

Does Applicant intend on seeking tax abatement from Goliad County? YES NO

Does Applicant intend on seeking tax incentives from Goliad Economic Development Corporation? YES NO

Does Applicant intend on seeking a Chapter 313 Property Value Limitation Agreement with a school district? YES NO

SCHOOL DISTRICT(S): _____

PRIOR TAX ABATEMENT INFORMATION:

Has the Applicant previously received tax abatement from the City? YES NO

If "YES", date(s) tax abatement agreement(s) executed?

Has the Applicant already requested a tax abatement or property value limitation for this Project from another taxing jurisdiction? YES NO

If "YES" please provide the following information:

1. Name of each taxing jurisdiction & contact

2. Date(s) for each tax abatement application:

3. Date(s) for upcoming public hearing(s) relating to tax abatement application(s)

4. Date each tax abatement agreement was considered by another taxing jurisdiction

5. Date each tax abatement agreement executed

Has applicant included copies of any previous tax abatement applications, or agreements concerning this business or a similar business that has requested tax abatements anywhere. YES NO

ECONOMIC INFORMATION

What year does the Applicant request tax abatement begin?

How many years does the Applicant request tax abatement to continue?

(10 year maximum)

CONSTRUCTION ESTIMATES:

Start Month/Year: _____ / _____ Contract Amount \$ _____

Completion Date: _____ / _____ Peak Construction Jobs: _____ Construction Man-Years: _____

IF MODERNIZATION:

Estimated current economic life of existing structure: _____ years

Added economic life from modernization: _____ years

PERMANENT JOB CREATION AND RETENTION OF EXISTING PERMANENT JOBS IN CITY OF GOLIAD

Job Creation/Retention.

Number of new regular, full-time employees to be employed in Goliad:

Number: _____

Average Wage (excluding highly compensated executives): _____

Benefits: _____

Number of new regular, part-time employees to be employed in Goliad:

Number: _____

Average Wage (excluding highly compensated executives): _____

Benefits: _____

Will your firm commit to maintaining its level of employment in Goliad at or above the total of its existing employment in Goliad (if applicable) plus the new positions to be added for the term of any tax abatement granted? YES NO

Will your firm commit to hiring at least 2/3rds of its workforce from within Goliad? YES NO

How many of the new full-time positions do you expect to fill from Goliad? _____

How many of the new part-time positions do you expect to fill from Goliad? _____

Explain the timeline (with estimated dates') for hiring these employees

Other Employment Created:

Number of temporary employees to be employed in Goliad during construction/ development:

Nature of jobs:

Expected duration of temporary employment:

Expected level of utilization of local contractors during construction of project:

Retention of Employees:

If job retention instead of the creation of new jobs is being proposed—

Number of existing jobs proposed to be retained: _____

Nature of jobs proposed to be retained: _____

Average wage of jobs proposed to be retained: _____

Date by which the jobs are to be eliminated absent tax abatement: _____

Reason jobs to be eliminated absent tax abatement: _____

Note: Tax abatement is only for increased valuation created by capital investment in new improvements or additions. Taxes for existing improvements/equipment are not eligible for abatement.

Note: Applications for tax abatements proposing job retention will be subject to strict scrutiny. Additional financial information showing justification for abatement may be required.

GOLIAD RESIDENCY REQUIREMENTS:

Does the Applicant agree to require its senior executive employees, project managers, and other employees receiving compensation in the top 25th percentile to relocate to the City of Goliad or its extraterritorial jurisdiction? YES NO

If "NO," explain why not: _____

STATED APPRAISED VALUE ON SITE:

STATED APPRAISED VALUE ON SITE	LAND	IMPROVEMENTS	TOTAL
Value as of January 1 st preceding abatement (per Galveston County Appraisal District Records and Account Number)	\$ _____	\$ _____	\$ _____
Stated value of new abatable investment (Buildings)	\$ _____	\$ _____	\$ _____
Stated value of new abatable fixed and in place machinery and equipment	\$ _____	\$ _____	\$ _____
Stated value not subject to abatement (e.g. inventory)	\$ _____	\$ _____	\$ _____
<u>Stated</u> value of property subject to ad valorem tax at end of abatement	\$ _____	\$ _____	\$ _____

VARIANCE:

Is the Applicant seeking a variance to the tax abatement guidelines? YES NO

If "YES", attach a letter requesting and justifying the basis for the variance along with any other supplemental information that may be relevant to your request.

FOR INTERNAL USE ONLY

APPLICATION RECEIVED ON: _____

APPLICATION RECEIVED BY: _____ TITLE: _____

APPLICATION FEE RECEIVED ON: _____

TAX ABATEMENT TERMS APPROVED (subject to execution of tax abatement agreement):