	· •		ı office address, c	ontact person and	l talanhan	
a. Name of property owner, home or main office address, contact person, and telephon number (attach additional pages if multiple enterprise participants).						
Enterp	rise Name		Contact Person			
Addres	s		Telepho	ne Number		
o. Project site:						
			Contact Person			
Addres	S		Telepho	ne Number		
a. Nature of commercial/industrial activity (manufacturing, warehousing, wholesale or retainstores, or other) to be conducted at the site.						
o. List primary	6 digit North A	American Ind	ustry Classification	n System (NAICS)) #	
	may	list	other	relevant	SIC	
			onents of the cons			
	Addres Addres Addres Addres Addres Addres List primary Susiness numbers.	Address a. Nature of commercial/industores, or other) to be conductores. b. List primary 6 digit North Address may numbers.	Address Address Address Address Nature of commercial/industrial activity of tores, or other) to be conducted at the signature of the signa	Address Telephon Contact Person Address Telephon Address Telephon Nature of commercial/industrial activity (manufacturing, wattores, or other) to be conducted at the site. List primary 6 digit North American Industry Classification Business may list other numbers.	Address Telephone Number Contact Person Address Telephone Number Telephone Number Nature of commercial/industrial activity (manufacturing, warehousing, wholes tores, or other) to be conducted at the site. List primary 6 digit North American Industry Classification System (NAICS) Business may list other relevant	

d. For	rm of business of enterprise (corporation, partnership, proprietorship, or other).
Name	e of principal owner(s) or officers of the business.
a. Sta	te the enterprise's current employment level at the proposed project site:
loc	Il the project involve the relocation of employment positions or assets from one Ohio ration to another? Yes No es, state the locations from which employment positions or assets will be relocated and location to where the employment positions or assets will be located:
	te the enterprise's current employment level in Ohio (itemized for full and part-time and ermanent and temporary employees):
	te the enterprise's current employment level for each facility to be affected by the ocation of employment positions or assets:
	at is the projected impact of the relocation, detailing the number and type of employees d/or assets to be relocated?

5.	Does the Property Owner owe?				
	 a. Any delinquent taxes to the State of Ohio or a political subdivision of the state? Yes No 				
	b. Any moneys to the State or a state agency for the administration or enforcement of any environmental laws of the State? Yes No				
	 c. Any other moneys to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not? Yes No 				
	d. If yes to any of the above, please provide details of each instance including but not limited to the location, amounts and/or case identification numbers (add additional sheets).				
6.	Project Description:				
7.	Project will begin, 20 and be completed, 20 provided a tax exemption is provided.				
8.	a. Estimate the number of new employees the property owner will cause to be created at the facility that is the project site (job creation projection must be itemized by the name of the employer, full and part-time and permanent and temporary):				
	b. State the time frame of this projected hiring: yrs.				
	c. State proposed schedule for hiring (itemize by full and part-time and permanent and temporary employees):				
9.	a. Estimate the amount of annual payroll such new employees will add \$				

10.	An estimate of the amount to be invested by the enterprise to establish, expand, renovate or					
	occupy a facility:					
	A. Acquisition of Buildings:	\$				
	B. Additions/New Construction:	\$				
	C. Improvements to existing buildings:	\$				
	D. Machinery & Equipment:	\$				
	E. Furniture & Fixtures:	\$				
	F. Inventory:	\$				
	Total New Project Investment:	\$				
11.	a. Business requests the following tax exemption covering real as described above. Beb. Business's reasons for requesting tax incentives.	specific as to the rate, and term.				
11.	covering real as described above. Be	specific as to the rate, and term.				
11.	covering real as described above. Be	specific as to the rate, and term.				

The Applicant agrees to supply additional information upon request.

local jurisdiction considering the request.

complete a waiver form allowing the Department of Taxation to release specific tax records to the

The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C)(1) and 2921.13(D)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

Name of Property Owner	Date	
Ci an atuma	Tymod Nama and Title	
Signature	Typed Name and Title	

Please note that copies of this proposal <u>must</u> be included in the finalized Community Reinvestment Area Agreement and be forwarded to the Ohio Department of Taxation and the Ohio Development Services Agency within fifteen (15) days of final approval.

^{*} A copy of this proposal must be forwarded by the local governments to the affected Board of Education along with notice of the meeting date on which the local government will review the proposal. Notice must be given a minimum of fourteen (14) days prior to the scheduled meeting to permit the Board of Education to appear and/or comment before the legislative authorities considering the request.

^{**} Attach to Final Community Reinvestment Area Agreement as Exhibit A