



## Economic Development Incentive Pre-Application Worksheet

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

COUNSEL: \_\_\_\_\_

COUNSEL PHONE #: \_\_\_\_\_ COUNSEL EMAIL: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

### PROJECT TYPE:

Check all that apply and fill in the SIC/NAICS code, if known.

- Industrial, Manufacturing, Technology      SIC/NAICS code: \_\_\_\_\_
  - New building, no existing Missouri operations
  - New building, other Missouri operations already in existence
  - Expanding existing facility
  - Retaining existing facility
  
- Retail/Restaurant/Hotel      SIC/NAICS code: \_\_\_\_\_
  - New freestanding building
  - New multi-use tenant building
  - Remodel, addition or expansion of existing building
  
- Office
  - New freestanding building
  - New multi-use tenant building
  - Remodel, addition or expansion of existing building
  
- Residential
  - New freestanding residential units
  - New residential units in a multi-use building
  - Remodel, addition or expansion of existing building
  
- Other \_\_\_\_\_

**PROPERTY FOR WHICH INCENTIVES ARE BEING SOUGHT**

Attach map and legal description of property.

ADDRESS: \_\_\_\_\_

CURRENT PROPERTY OWNER: \_\_\_\_\_

WILL APPLICANT BE PURCHASING THE PROPERTY: \_\_\_\_\_ YES \_\_\_\_\_ NO

TOTAL ACRES: \_\_\_\_\_ Building Sq. Ft. \_\_\_\_\_

**INVESTMENT**

Total new investment: \$ \_\_\_\_\_

Acquisition of land/existing buildings: \$ \_\_\_\_\_  
 Annual lease of land/existing buildings: \$ \_\_\_\_\_  
 Preparation of plans, studies, surveys: \$ \_\_\_\_\_  
 Site preparation costs: \$ \_\_\_\_\_  
 Building improvements: \$ \_\_\_\_\_  
 Site improvements: \$ \_\_\_\_\_  
 Utilities/Infrastructure Costs: (streets, sewer, etc.): \$ \_\_\_\_\_

**TIMELINE**

Calendar year in which applicant plans to begin construction: \_\_\_\_\_

Approximate opening date: \_\_\_\_\_

**WAGE & BENEFITS**

	Job Category (executive, professional, clerical, general labor, etc.)	# new full-time employees	#new part-time employees	Average hourly wage/employee
Year 1				
Year 2				

% of health care premium paid for by the employer: \_\_\_\_\_

**TYPE OF FINANCIAL INCENTIVE DESIRED**

TAX REDIRECTION OR ABATEMENT

- Tax Increment Financing
- Chapter 100 Industrial Revenue Bonds
- Chapter 353 Tax Abatement
- Neighborhood Improvement District

- Community Improvement District
- Transportation Development District

Local Incentive Tools

- Sales Tax Reimbursement Agreements

**SALES TAXES REVENUES**

Expected amount of retail sales subject to sales and use taxes by the City of Belton and other local taxing districts: \$\_\_\_\_\_.