



## **APPLICATION FOR DESIGNATION OF ECONOMIC REVITALIZATION AREA**

1. Name of titled landowner.
2. Name of taxpayer seeking abatement
3. Has above-named taxpayer previously received tax abatement from the Town of Bargserville?
  - a. If yes, list date(s):
  - b. If company has received tax abatement since July 1, 1991, have CF-1 reports been filed annually?
  - c. According to current CF-1 report(s), is your company in full compliance with your existing abatement(s)?

If above answer is “no” please contact the Department of Development at 317-422-5115 to schedule an appointment with the Town of Bargserville Town Council Incentive Review Committee.
4. Provide a legal description of titled property (Attach if necessary)
5. Commonly known address of property.
6. Are all taxes current and paid with regard to said titled property?
7. Attach completed Statement of Benefits form. (Exhibit A)

8. Attach executed agreement (Agreement of Cooperation) that applicant will participate and cooperate with the Town of Bargersville and/or its designated agencies and the Town Council of the Town of Bargersville, Indiana, for purposes of an annual review, required by State Statute. (Exhibit B)

9. If business organization is publicly held, give name of corporate parent and name under which the corporation is filed with the Securities Exchange Commission.

10. If company has merged with a different company or is associated with a different corporate company, please give that (other) company's name.

11. Attach a map and/or plat describing the area for which the economic revitalization area designation is being requested. (Exhibit C)

12. List the real and personal property taxes paid at the location during the previous five (5) years, whether paid by current owner or previous owner.

| a. Year  | Real Property | Personal Property |
|----------|---------------|-------------------|
| b. _____ | _____         | _____             |
| c. _____ | _____         | _____             |
| d. _____ | _____         | _____             |
| e. _____ | _____         | _____             |
| f. _____ | _____         | _____             |

13. Describe the proposed project (rehabilitation, new-construction, or installation of new manufacturing or research and development equipment). Include information about physical improvements to be made or the new manufacturing or research and development equipment to be installed, an estimate of the cost of the project the amount of land to be used, the proposed use of the improvements, and a general statement as to the value of the project to the business.

14. Estimate of the number of full and part time permanent jobs to be created by the project within one (1) year.

15. Number of current full and part-time permanent jobs at the location and the impact on those (current) jobs to be caused by the project.

16. Projected annual salaries for positions to be created. If more than one salary classification, please list the job titles and hourly wage for each. Use attachment if necessary.

17. What is your Company's starting hourly wage? \_\_\_\_\_  
Does your company provide medical insurance? \_\_\_\_\_  
What is the dollar value (per hour) of the benefit package? \_\_\_\_\_

18. Has a building permit been issued for construction of the real property for the improvement proposed?

19. Has new manufacturing or research and development equipment been purchased, leased, or installed?

20. List model numbers or attach purchase orders of the new manufacturing or research and development equipment to be purchased (if available)

21. Name, address, and telephone number of contact person regarding notice of Council meetings and meetings concerning the petition.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

*I affirm under the penalties of perjury that the above and foregoing information is true and correct.*

*Signature:* \_\_\_\_\_

*Printed name:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Date:* \_\_\_\_\_