

ESCAMBIA COUNTY LAND PURCHASE INCENTIVE PROGRAM APPLICATION

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Pensacola, Florida 32591-1591

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SECTION 1 BUSINESS INFORMATION

Name of Business:							
Mailing Address:							
City:		State:		Zip Code:			
Name of Parent Company:							
Primary Business Unit Contact:					Title:		
Mailing Address:							
City:		State:		Zip Code:			
Phone Number:		Fax Number:					
E-Mail Address:							
Business Unit's Federal Employer Identification Number:					#		
Business Unit's Unemployment Compensation Number:					#		
Business Unit's Florida Sales Tax Registration Number:					#		
What is the Business Unit's Tax Year (ex: Jan. 1 to Dec. 31)							
Describe the business operation:							

**SECTION 2
PROJECT INFORMATION**

Which of the following best describes this business unit?

- New business unit to Florida
- Existing Florida business creating and/or retaining jobs?

a. If an expansion, how many jobs are currently in the expanding business unit? _____

Give a full description of this project, including the primary business activities/functions (add additional sheet if necessary):

What is the project's Targeted industry(ies):

Break down the project's primary function(s) and the corresponding wages:

Business Unit Activities	NAICS Code	Project Function (Total = 100%)	Annualized Wage (\$)
		%	\$
		%	\$
		%	\$

What is the project's proposed location address:

City: _____ State: _____ Zip Code: _____

What is the project's current location address:

City: _____ State: _____ Zip Code: _____

Is the project location in a "Community Redevelopment" Area? Yes No If yes, which area?

Is the project location in an "Enterprise Zone"? Yes No If yes, which zone?

Is this a Non-targeted industry area? Yes No

**SECTION 3
JOB AND WAGE OVERVIEW**

How many jobs are expected to be created as part of this project?	#
If new job, will it be created and retained for a period of, at least, three years from grant award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they regular full-time positions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the anticipated annualized average wage (excluding benefits) of the new to Florida jobs created as part of this project? <i>(Cash payments to the employees such as performance bonuses and overtime should be included. The wage reported here is only an estimate of the average wage to be paid)</i>	\$
What is the gross payroll for the new or expanding jobs? <i>(ex: number of jobs created -multiplied by the average annual salary \$ of those jobs created)</i>	\$
What is the annualized average value of benefits associated with each new job created as part of this project?	\$
Do the positions include employee benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What benefits are included in this value?	
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuition Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No	
None <input type="checkbox"/>	
Other: _____	
If benefits are not provided, does the business provide employees the opportunity to purchase said benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What is the minimum average wage of the employees? <i>(Do not include benefits)</i>	\$
If new business, will it create 10 new jobs within two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If an expanding business, will it create 10 new jobs within one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**SECTION 4
CAPITAL INVESTMENT OVERVIEW**

Describe the capital investment in real and personal property
(Examples: construction of new facility; remodeling of facility, replacing, or buying new equipment. Do not include the value of land purchased for construction of a new building – add additional sheet if necessary)

Will this facility be:

- Leased space with renovations or build out
- Land purchase and construction of a new building
- Purchase of existing building(s) with renovations
- Addition to existing building(s) (already owned)
- Other _____

List the anticipated amount and type of major capital investment to be made by the applicant in connection with this project: (attach separate schedule if investment will be made over more than three years)

	Year 1	Year 2	Year 3
Land	\$	\$	\$
Construction/Renovations	\$	\$	\$
Manufacturing Equipment	\$	\$	\$
R&D Equipment	\$	\$	\$
Other Equipment <i>(computer equipment, office furniture, etc.)</i>	\$	\$	\$
Total Capital Investment	\$	\$	\$

What is the estimated square footage of the new or expanded facility?

**SECTION 5
CONFIDENTIALITY**

You may request that your project information (including information contained in this application) be confidential per F.S. 288.075, Confidentiality of Records for a 12 month period, with an additional 12 month extension available upon request for projects still under consideration. Please indicate your confidentiality preference:

Yes No

TO THE APPLICANT –

In addition to this application, please submit the following:

- Detailed project description including anticipated development time frame.
- Anticipated number of employees and hiring time frame.
- Job titles with starting salaries and benefits packages.
- Proof of ability to execute the project under review by providing current income statements showing profit and loss and balance sheets showing the assets, liabilities, and equity.
- Income statements and balance sheets for the previous two years and applicable bank references shall also be provided.
- Other submission including, but not limited to financial records, contractual agreements, statements and affidavits which are deemed relevant and necessary to review the viability of an application.

**SECTION 6
SIGNATURES**

Application Completed By:

Signature: _____

Printed Name: _____

Title: _____

Company: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Date: _____

To the best of my knowledge, the information included in this application is accurate.

Signature: _____

Authorized Company Officer REQUIRED

Printed Name: _____

Title: _____

Company: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Date: _____

For questions concerning this application, please contact:

The Pensacola Bay Area Chamber of Commerce

117 West Garden Street

Pensacola, Florida 32502

Telephone: 850.438.4081

Or

County Administration

221 Palafox Place, Suite 420

Pensacola, Florida 32502

Telephone: 850.595.4949