



## APPLICATION FOR INCENTIVES

### Applicant Information

1. Beneficiary of Incentives \_\_\_\_\_  
Property Owner \_\_\_\_, Business Owner \_\_\_\_, Leaseholder \_\_ (check all that apply)  
Mailing address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_
2. Contact Information \_\_\_\_\_  
Title \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Beneficiary: Same as above \_\_\_\_, Authorized Representative \_\_\_\_
3. Property address \_\_\_\_\_
4. Property legal description (metes & bounds) \_\_\_\_\_  
\_\_\_\_\_
5. Attach a **complete** description of the project including:
  - A. Method of financing
  - B. Primary business activity at this site
  - C. Complete description of all land uses
  - D. Time schedule for completion of improvements
  - E. NAICS Industry Code
  - F. Descriptive list of improvements
    1. Size \_\_\_\_\_ sq. ft.
    2. Cost of construction \$ \_\_\_\_\_
    3. Value of Personal Property
      - a. Inventory \$ \_\_\_\_\_  
What percent is eligible for Freeport Exemption (exported from Texas within 175 days) \_\_\_\_ %
      - b. Equipment, machinery, furnishings, etc. \$ \_\_\_\_\_
  - G. What taxable sales will be generated at this location \$ \_\_\_\_\_ per year
6. These documents **must** be submitted prior to the City staff's review of the application:
  - Property tax statement from the County Tax Office
  - Plat/map of project location
7. Level of abatement requested \_\_\_\_\_% \_\_\_\_\_ Years on \_\_\_\_\_ Real Property or \_\_\_\_\_ Business Personal Property
8. Describe, in detail, all other incentives sought from the City- other economic incentives, fee waivers, fast-track plans review, etc.
9. Estimated taxable value of property improvements: Real \_\_\_\_\_ Personal \_\_\_\_\_  
*Estimated taxable value is the value of the improvements on January 1 of the year after the improvements are made.*



10. Job Creation & Retention:

Number of Full Time Equivalent Jobs	Avg. Annual, Monthly or Hourly Wage	Benefits Provided	# of Positions Created	# of Positions Retained
Executive				
Professional				
Managerial				
Administrative				
General Labor				
Other				
Total				

11. Infrastructure improvements/modifications sought:

12. Will application be made to Tarrant County?  Yes  No

*If yes, please contact Tarrant County Administrator's Office (817-884-2643) for separate application*

13. On an attachment, describe why incentives are necessary for the success of this project and, how the improvements will benefit the property at the conclusion of the incentives (Include any documentation necessary to substantiate your request and if any other locations are under consideration).

14. I am authorized to sign this application for incentives and to certify through my signature below that the business for whom I am authorized to sign, or a branch, division, or department of the business, does not and will not knowingly employ an undocumented worker. If, after receiving an incentive or a "public subsidy" as defined in Government Code § 2264.001(3), the business or a branch, division, or department of the business, is convicted of a violation under 8 U.S.C. § 1324a(f), the business shall repay the amount of the incentive or the public subsidy with interest, at the rate and according to the other terms provided by an agreement required under Government Code § 2264.053, not later than the 120th day after the date the City notifies the business of the violation.

I certify that the information contained herein is true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title (Must be signed by a corporate officer with signature authority)

\_\_\_\_\_  
Date

This application must be completed and returned for consideration prior to the submission of an application for a building permit or the issuance of a certificate of occupancy, whichever comes first. Upon receipt of this application, the City of Arlington shall require such financial and other information as may be deemed appropriate for evaluating the financial capacity and other factors of the applicant.

An electronic copy of this application is available. For more information, please call (817) 459-6112

Completed requests should be submitted to:

*City Manager's Office  
City of Arlington, M/S 03-0310  
P.O. Box 90231  
Arlington, TX 76004-0231*