

CITY OF DE SOTO, KANSAS APPLICATION FOR ECONOMIC INCENTIVES

The City recognizes that some incentives may be pursued by an agent (i.e. "Applicant") of the actual owner of the project or development who will benefit from the incentives (hereinafter "Owner"). The City is most interested in obtaining background information related to the Owner. To the extent the management and ownership of the Applicant differs from the Owner, include information about those individuals where applicable.

A. GENERAL INFORMATION

1. _____
Name of Owner/Applicant _____ Date of Request _____

2. Local Address _____
 _____ Telephone Number _____
 _____ Fax Number _____
 _____ e-mail address _____
 Applicant and Owner's Addresses _____
 _____ Telephone Number _____
 _____ Fax Number _____
 _____ e-mail address _____

3. Names and titles of the Owner's principal officers and directors including local principal officers and/or management personnel, if known:

Name	Title
Name	Title
Name	Title
Name	Title

4. How long has the Owner been in business? _____

5. Has the Owner, Applicant, or any principal thereof:
 Been convicted or any crime other than a traffic violation in the past ten (10) years?
 _____ Yes _____ No
 Had Federal or State tax liens filed against them? _____ Yes _____ No
 Had a court judgment rendered against them that remains unpaid? _____ Yes _____ No
 For themselves or any of their subsidiaries, been declared insolvent, bankrupt or been in

receivership? _____ Yes _____ No

For themselves or any of their, filed an application for tax abatements or incentives in another community? _____ Yes _____ No

The name, address and telephone numbers of two banking or credit references:

1. _____

2. _____

6. Names and addresses of all persons or firms that will be listed as owner(s) of the property to receive incentives:

Name

Address

Name

Address

Name

Address

Name

Address

7. Provide a brief history of the Owner, including the types of developments completed (for commercial developments, please list names of retailers and service firms):

8. Describe in general terms the legal structure of both the Owner and the Applicant. Specifically indicate how your business is organized (i.e., corporation, partnership, etc.), where the entity is domiciled, ownership, subsidiaries or affiliates and any other information necessary to understand how you are legally organized.

9. Enclose a copy of the Owner's audited financial statements for the past five (5) years. If the Owner does not prepare audited financials, please include unaudited financial statements for the same period with a certification by the Owner that the financial information provided, to the best of the Owner's knowledge, is complete, final and accurate.

10. Attach to this application the names, locations and contacts of other governments from which the Owner has received or applied for economic incentives, including but not limited to Tax Increment Financing (TIF), Community Improvement District (CID) financing, Transportation Development District (TDD) bonds, STAR bonds, tax abatements and/or industrial revenue bonds if applicable.

_____ check here if **NOT** applicable.

B. NATURE OF THE IMPROVEMENTS

1. Location of improvements:

2. Land to be purchased:

sq. feet or acres _____

value/purchase price: _____

3. New construction or modification:

sq. feet: _____ Cost: \$ _____

Identify Construction:

4. Please state the reason for the establishment of the new facility or the expansion or replacement of the existing facility:

5. What are the approximate starting and completion dates for the project? The completion date is defined as the date you will be ready to utilize the new or expanded facility.

Start Date

Completion Date

C. PROPOSED USE AND ECONOMIC BENEFIT

1. What type of new or expanded business activity does the Owner propose?

2. List the types of retail or service firm to be located in the proposed development (include details of the nature and scope of the operation of the business):

3. What percentage of the facility will the Owner occupy? _____%

4. Do any of the proposed retailers or service firms have a product or process that may pose or create an environmental hazard when it is sold, destroyed or discarded?

5. Please list all new employees and proposed wages, excluding fringe benefits, by the job titles included in the Annual Wage Survey prepared by the Kansas Department of Labor, if possible.

Category Full-time Employees	Job Title	Salary Range	# New Employees	# of Transfers	Avg. Annual Salary	Date Hired
Management						
Professional						
Technical						
Clerical						
Production/ Assembly						
Category Part-time employees	Job Title	Salary Range	# New Employees	# of Transfers	Avg. Annual Salary	Date Hired

For transferred employees, please note from where the Owner expects employees to be transferred.

6. What are the employer's share of fringe benefits including health insurance but excluding vacation, holidays, and sick leave, as a percentage of annual salary by employee category? Also indicate the percentage of health insurance cost paid by the employer.

Category	Fringe Benefit %	Health Insurance (% Paid by Employer)
Management		
Professional		
Technical		
Clerical		
Production/Assembly		

Note: Percentage varies with salary level if all employees receive the same benefit package.

7. Briefly describe the medical, vacation, sick leave and retirement benefits available to employees at the project. (Attach any appropriate benefit summary publications if applicable)

8. Provide a breakdown of your annual operating expenses. Indicate the percentage of total annual operation expenses that will be spent locally within Johnson County for each item. For firms expanding their facilities and operations in Johnson County, indicate the current annual operating expenses and provide a projection for the incremental expenses after the expansion. For firms planning to newly locate in Johnson County an accurate projection of future annual operational expenses need to be provided.

Type of Expense	Actual (for existing facility)	Project Total (After construction or expansion of new facility)	% Spent in Johnson County	
	\$ Amount	\$ Amount	Actual %	Projected Total %
Professional services (legal, accounting, advertising, etc.)				
Business services (training, maintenance)				
cleaning services				
transportation				
office supplies				
material and goods				
other (specify)				

Annual Operational Expenses (Do not report labor costs, debt service, or purchase of equipment subject to personal property tax).

Actual Expenses

Subtotal \$ _____

D. TAX ABATEMENT INFORMATION (Not applicable to Retail Development).

A. Amount or percentage of tax abatement requested and duration: _____

B. In-lieu-of-tax payments offered and duration: _____

C. Why tax abatement is a critical factor in determining whether the proposed project is to be completed?

E. OTHER INCENTIVE INFORMATION

Annual Operational Expenses (Do not report labor costs, debt service, or purchase of equipment subject to personal property tax.)

Type of Expense	Actual (\$ amount)	Projected Total (\$ amount)
Telephone		
Electricity		
Gas		
Water		
Waste Water		
Garbage		
Cable		
Other		

Actual Expenses

Subtotal \$_____

1. State all incentives being requested within this application:

2. Provide reasons why economic incentives are necessary for the project:

3. What improvements or services will need to be provided by the City or County to accommodate this improvement?

F. GENERAL CONDITIONS

The following general conditions are understood and agreed to by the firm receiving economic incentives from the City of De Soto:

1. The Owner and Applicant must agree to and reimburse the City for the costs of any legal, financial, or administrative research and work done in reviewing the proposal, preparing other necessary legal documents, and researching the qualifications of the applicant.
2. Prior to issuance of the economic incentives, the Applicant's proposal and information may require approval from the Kansas Department of Commerce and/or other state agencies.
3. The Applicant agrees to provide additional information considered necessary by the City Administrator to make a recommendation to the City Council on granting the economic incentives.
4. Each business receiving a tax abatement must complete an annual report by March 1 of each year covering the previous calendar year, and pay an annual renewal fee of \$2,500.00 to the City. The City Administrator may require periodic reports for any other economic incentives granted by the City.
5. Enclosed is the application fee of \$2,500.00, as defined in the City's Fee Resolution, payable to the City of De Soto, Kansas.

I (we) verify that the above information and assurances made are complete and correct to the best of my (our) knowledge.

Signature (print name) Date

Title

Signature (print name) Date

Title