

Date received:	_____
Name of EEZ:	_____
Approved:	_____

Application for Local Enhanced Enterprise Zone Incentives

Property Address:	_____
Owner of Record:	_____

Business Name:	_____
Contact Person:	_____
Address:	_____

Phone:	_____
	Fax: _____
Email:	_____

Please describe new business/proposed expansion:	_____	NAICS Code: _____

Signature:	_____	Date:	_____
Printed Name:	_____		

Please select one of the following:

- New business** that is locating within a Springfield area Enhanced Enterprise Zone.

Size of facility (ft ²):	_____
New employees (FTE*):	_____
Capital Investment (total):	_____
Building:	_____
Land:	_____
Equipment:	_____

- Expanding business** currently located within a Springfield area Enhanced Enterprise Zone.

	Prior to Expansion	After Expansion
Size of facility (ft ²):	_____	_____
Employees (FTE*):	_____	_____
Capital Investment (total):	_____	_____
Building:	_____	_____
Land:	_____	_____
Equipment:	_____	_____

Does the applicant plan to pursue LEED-Silver certification for new or expanding facility?

- Yes No

*FTE: (Full-Time Equivalent) Average of at least 35 hours of employment per week.



ENHANCED ENTERPRISE ZONE PROGRAM

CERTIFICATION OF FACILITY LOCATION

Business Name			
Federal ID No. (FEIN):		MITS/Missouri Tax ID No.	
Project Facility Address			
City	County	Missouri	Zip Code

Following to be completed by Governing Authority's Representative, Not the Taxpayer

I _____, of _____, a duly authorized representative of the governing authority of the foregoing city or county, do hereby certify on this _____ day of _____ in the year _____ that the foregoing facility's address is within the _____ Enhanced Enterprise Zone and is an eligible Enhanced Business Enterprise of that zone.

The above named facility will receive a local incentive of 10 years of 50% tax abatement or _____ years of _____% tax abatement as set forth in the local governing resolution or ordinance and improvement as defined under 135.957 RSMo.

The facility is also receiving one of the following local incentives (check all that apply):

TIF Chapter 99 Chapter 100 Chapter 353 No other local incentives

There are _____ years remaining on these incentives at the following percentage (%) _____. Other (please describe) _____.

Signature of Governing Authority's Authorized Representative

Appeared before me this _____ day of _____, 20____, _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.

State of		County (or City of St. Louis)
Notary Public Name	My Commission Expires	Use Rubber Stamp in Area Below
Notary Public Signature		