



Community Reinvestment Area Incentive Application
City of Gahanna Economic Development Department
200 S. Hamilton Road, Gahanna, OH 43230 Phone: (614) 342-4015

Date Received: _____

CRA #: _____

Applicant Information:

Company Name _____

Contact Name _____

Address _____

Contact Title _____

Phone _____

Email _____

Project Information:

Project Address _____

Parcel Number (Required) _____

Type of Business (Manufacturing, warehouse, retail sales, etc.)
for each employer

Primary North American Industrial
Classification System (NAICS) code for each
employer

If a consolidation, what are the components? (Itemize the locations and jobs to be transferred.)

Form of business(es) or enterprise(es):

Where is your business(es) currently located? In State Out of State Central Ohio Gahanna

What are the advantages (if any) to locating this business(es) in Gahanna?

Names of principal owner(s) or officers of business(es):

Current jobs at the proposed project site:

Will the project involve the relocation of jobs from one Ohio location(s) to Gahanna?

Yes No

If yes, state the locations from which the jobs will be relocated from and to.

Number of current jobs in Ohio (itemize by full-time, part-time, permanent and temporary jobs for each employer.)

For each facility affected by relocation, list the current total jobs and jobs to be relocated by job type:

Does the Applicant owe any of the following:

- Delinquent taxes to the State of Ohio or a political subdivision of the state? Yes No
- Any monies to the State or a state agency for the administration or enforcement of any environmental laws of the state? Yes No
- Any other monies to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not? Yes No

If yes to any of the above, please provide complete details of each instance including the location, amounts and/or case numbers.

Project description

Date project will begin

Date project will be completed

Estimated number of **NEW** jobs to be created at the project site, itemized by full-time, part-time, permanent and temporary jobs for each employer.

Time frame for projected hiring (number of years)

Proposed schedule for hiring, itemized by full-time, part-time, permanent and temporary jobs.

Estimated amount of **NEW** annual payroll, itemized by full-time, part-time, permanent and temporary payroll for each employer.

Indicate the amount of existing annual payroll relating to the retained jobs resulting from the project.

Estimate the amount to be invested by the Applicant to establish, expand, renovate or occupy a facility:

Acquisition of buildings	\$
Additions/new construction	\$
Improvements to existing buildings	\$
Machinery & equipment	\$
Furniture & fixtures	\$
Inventory	\$
Other	\$
Total New Project Investment:	\$

Applicant requests the following tax exemption incentive: _____% for _____ years

Reasons for requesting tax incentive (Be as specific as possible and attach supporting documentation.)

I certify that a tax incentive is necessary for location and/or expansion of my business in Gahanna.

Yes No

Submission of this application expressly authorized the City of Gahanna to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records. As part of this application, the Applicant may also be required to directly request from the Ohio Department of Taxation, or complete a waiver form allowing the Department of Taxation to release specific tax records to the City of Gahanna. The Applicant agrees to supply additional information upon request.

The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of Ohio Revised Code Section 9.66(C)(1) and 2921.13(D)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistant benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

Applicant Name & Title

Date

Signature

The City of Gahanna will assume responsibility for notification to the affected Board of Education.

This application will be attached to the Community Reinvestment Area Agreement as Exhibit A.

CITY OF GAHANNA, OHIO

Name & Title

Signature