

GREEN COVE SPRINGS, FLORIDA
ECONOMIC DEVELOPMENT INCENTIVE

APPLICATION

The Application will be processed when it is complete and all exhibits are received.

(Please type or print legibly)

I. APPLICANT

Company: _____

Type of legal entity: () Sole proprietorship () Partnership/Joint Venture () Corporation
() Limited Liability Corporation

State of incorporation (if applicable): _____ Date company established: _____

Address: _____

(Mailing Address, if different):

Telephone: _____

Fax: _____

E-Mail: _____

Web site Address: _____

Primary Contact: _____

Title: _____

() New to Green Cove Springs () Expansion of Existing Facility () Start-Up

() Relocation within Green Cove Springs () Leasehold Improvements

Principal Business Activity: _____

Exhibit "B"

TID/SSN: _____

Estimated Date to Begin Construction/Renovation (if applicable): _____

Estimated Date to Complete Construction/Renovation (if applicable): _____

Address of new Facility: _____
(if applicable)

Briefly describe the New Facility or the Expansion including acreage and square footage.

II. EMPLOYMENT

Number of Current Full-Time Employees in Green Cove Springs: _____

Average Wage: _____ Benefit Package: () Medical () Dental () 401K

Number of Current Part-Time Employees in Green Cove Springs: _____

Average Wage: _____ Benefit Package: () Medical () Dental () 401K

Number of Full-Time Employees to be Retained: _____ Part-Time (in FTE's): _____

New Full-Time Employment to be Created: _____ Part-Time (in FTE's): _____

Estimated time period to Create Jobs: _____

List the major job categories and wages (without benefits) of jobs to be created (example: 5 management, 10 sales, 15 manufacturing):

Position	Number	Average Annual Wage

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List other employee benefits (e.g. tuition reimbursement): _____

III. PROJECT COSTS BREAKDOWN AND SOURCES OF FUNDS

Uses

Acquire Land & Building	\$ _____
Construction of New Building	\$ _____
Renovations of Existing Building	\$ _____
Site Development Costs	\$ _____
Architects, permits, other soft costs	\$ _____
Machinery/ Equipment Costs	\$ _____
Furniture, Fixtures & Equipment	\$ _____
Other Costs (Describe)	\$ _____
TOTAL EST. PROJECT COSTS	\$ _____

SOURCE OF FUNDS

Conventional Financing	\$ _____
Owner's Equity Injection	\$ _____
TOTAL PRIVATE CAPITAL	\$ _____
Request for Public Capital	\$ _____
TOTAL SOURCES	\$ _____

IV. UTILITIES

Electricity: Approximate kWh consumption per month: _____

Water: Volume per month: _____

Sewer: Volume per month: _____

V. ENVIRONMENT

Facility will affect the environment. Describe the content and volume of the following:

Air _____ Noise _____

Water _____ Sewer _____

Odor _____ Solid Waste _____

Hazardous Waste _____

Other _____

Facility will have no environmental impact.

VI. CONFIDENTIALITY

In compliance with Florida confidentiality Statute 288.075, we request confidentiality to the following extent:

- ☐ Total (Do not release corporate name)
- ☐ You may advise community industry development personnel of our corporate interest
- ☐ City may correspond directly with us
- ☐ Company personnel are not aware of project – send correspondence in plain envelopes

I certify that the information provided in this application is true and correct and furthermore, I understand that notwithstanding the approval of incentives by the City Council of Green Cove Springs, the approval of incentives is not binding until such time as there is a fully executed Development Agreement between the applicable parties.

Please type:

Name

Title

Signature: _____

Date: _____