City of Tifton
Enterprise Zone Application
Project Information:

Business Name: _____

Property Owner: _____

Primary Contact: _____

Mailing Address: _____

Property Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Enterprise Zone: _____

Map & Parcel Number: _____

Historic District: (If applicable) _____

☐ NEW STRUCTURE ☐ EXISTING STRUCTURE

Current Land Value: _____

Current Structure Value: _____

Construction/Renovation Cost: _____

Estimated Value Upon Completion: _____

Documentation may be required.

Return Application to: City Clerk's Office - cityclerk@tifton.net

Funding Sources

Name of Institution:

_____

_____

_____

_____

_____

_____

Provide sources of payment and supporting documents i.e., bank commitment letter, etc.

Projected Dates and Milestones:
(Please attach timeline)

Construction/Renovation Begin Date: _____

Operations/Business Start Date: _____

Date for Hiring New Employees: _____
(if applicable)

Number of New Employees: _____

Purchase of Machinery and Equipment: _____

Telephone: 229-391-3970 * Fax: 229-391-4722 * e-mail: cityclerk@tifton.net

Type of Use: (Specify)	Check the appropriate Box(es)
Residential: ☐ Single Family _____ ☐ Multi Family # _____ (Includes Loft Apartments) SIC Code: _____	**Business:** ☐ Retail Sales _____ ☐ _____ ☐ _____ SIC Code: _____
Manufacturing: SIC Code: _____	**Services:**

Check Business Characteristics:	Check the appropriate Box (es)
Applicant Type: # ☐ New Jobs _____ ☐ Retained Jobs _____ ☐ **Total** _____	**Recruitment Type: (Out of State)** ☐ Expansion ☐ Relocation ☐ Consolidation ☐ Start-up
Benefit Type: ☐ Renovated Existing Facility ☐ New Facility ☐ Expand Existing Facility ☐ Machinery/Equipment	**Retention Type: (Local)** ☐ Expansion ☐ Relocation within Georgia ☐ Consolidation ☐ Upgrade Process/Equipment

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Jobs for Which You Are Applying for Benefit:

_____

(Attach a breakdown of types of new jobs by classification or title and the salary range of hourly rate for each, {must match the job numbers stated below}.)

Number of New Jobs Created: _____

Total Amount of Payroll for New Jobs: $ _____

Note: Leased, contract, temporary, and construction employees <u>do not</u> qualify as new employees.

Contingent upon annual review.

I hereby certify that all information is true to the best of my knowledge. I further acknowledge that by filing the application and accepting the incentives granted. I agree to undertake the project as described. Falsification of documents or failure to carry out the project may result in revocation of incentives and/or penalties under law.

_____ _____

Signature Date

I agree to remain at this location for the length of the abatement period; I further agree that if I default in this agreement to repay the City of Tifton at a pro-rated amount. In addition, I agree to use all City Services for the length of this abatement. I also acknowledge that the incentives may be discontinued upon transfer of the property.

_____

Applicant Signature

Incentives Requested

◯ Tax Abatements (City Only) Total Annual Cost:_____

◯ Building Permit Fees Total Estimated Cost:_____

◯ Business License Tax Total Estimated Cost:_____

◯ Landfill Disposal Cost Total Estimated Cost:_____

◯ Utility Service Install Total Estimated Cost:_____

Provide details on services or installation needed: _____

_____

_____

Additional Documents To Be Submitted With Application

◯ Property Deed

◯ Description of Project/New Business

◯ Project Budget

◯ Building Plans (Exterior & Interior)

◯ Financial Commitment Letter (If Applicable)

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Incentives Approved By Tifton City Council

Resolution No. _____

Type of Incentive:		**Staff Initials**
Building Permit Fee:	_____	_____
Utilities: (Site Specific Review)	_____	_____
		_____
Landfill Tipping Fee: (Site Specific Review)	_____	
Business License Fee:		
	_____	_____

Total Estimated Future Tax Abatements: _____ **(Years 1-10)**

Year 1 (100%)_____
Year 2 (100%)_____
Year 3 (100%)_____
Year 4 (100%)_____
Year 5 (100%)_____
Year 6 (80%)_____
Year 7 (80%)_____
Year 8 (60%)_____
Year 9 (40%)_____
Year 10 (20%)_____

Total Incentives Granted: _____

***** Property tax incentive is estimated. Once project is complete, applicant must provide evidence of completion in order for tax abatements to begin. Tax abatements will become effective the year after project completion.

To be signed by applicant after review of incentive package.

_____

Applicant Signature