

Application for Economic Development Incentives

Date:
Company Name:
Project Name:
Project Description and plan for development and/or expansion: (May attach a Business Plan in lieu, if available)
Type of Business:
Primary SIC or NAICS Code (if applicable):
Primary Product (s) or Service:
Federal Tax I.D. Code:
Address;
City, State, Zip Code:
Telephone #:
Email:
Website:
Name Primary Contact:
Title of Primary Contact:
What type and/or amount of assistance are you requesting?
Site and Building/Facility needs:
Site Acreage:

Building Size (Square Footage)	:					
Building – Circle One	New	Existing				
Building – Circle One	Own	Lease				
Special Utility/Services Requirements:						
ESTIMATED CAPITAL INVESTMENT:						
ESTIMATED EMPLOYMENT WORKFORCE (if applicable):						

NUMBER OF EXISTING JOBS	AVERAGE WAGE RANGE	ESTIMATED ANNUAL PAYROLL
Estimated Wage Distribution # of Employees	Wage Range	Estimated Annual Payroll
	\$5.15 to \$7.00/hr.	
	\$7.01 to \$9.00/hr.	
	\$9.01 to \$13.00/hr.	
	\$13.01 to \$16.00/hr.	
	\$16.01 to \$23.00/hr.	
	\$23.01 to \$30.00/hr.	
	\$30.01 to \$35.00/hr. plus	

NEW WORKFORCE OF ADDITIONAL JOBS (if applicable): ______

# OF NEW/ADDED JOUBS	AVERAGE WAGE RANGE	ESTIMATED ANNUAL PAYROLL
Estimated Wage Distribution # of New Employees	Wage Range	Estimated Annual Payroll
	\$5.15 to \$7.00/hr.	
	\$7.01 to \$9.00/hr.	
	\$9.01 to \$13.00/hr.	
	\$13.01 to \$16.00/hr.	
	\$16.01 to \$23.00/hr.	
	\$23.01 to \$30.00/hr.	
	\$30.01 to \$35.00/hr. plus	

Emp	loyee Benefits Provided:							
_	atures: I certify that everything I have stated in this approve may keep this application whether or not it is approve			-				
chec	k my credit, business, taxes and employment history.							
1. 2.	Have you been declared bankrupt in the last 10 ye Where?	•		ne)	Yes	No		
3. 4.	Are there any unsatisfied judgement against you? (circle one) Yes No Amount \$:							
5. 6.	Are you the co-maker, endorser, or guarantor on a	-	or cor	ntract? (circle or	ne) Yes	No	
7.	Have you ever been convicted of a felony? (circle	one) Y	'es	No				
Appl	icant's Name & Title			 Date				
—— Appl	icant's Signature							
 Sign	ature – Received by/City of Forest Hill	_						
——Print	ed Name – Received by/City of Forest Hill	_						
•	of Forest Hill Community Development Corporation							
	O California Parkway st Hill, TX 76119							
) 568-3009 office / (817) 568-3049 fax							