

**CITY OF STOW**  
**COMMUNITY REINVESTMENT AREA APPLICATION**

Applicants seeking real property tax incentives through the City of Stow Community Reinvestment Area program must submit the following form for consideration. All applicable information as requested in this form must be provided, and the applicant is responsible for the accuracy of the information submitted.

---

**1. APPLICANT INFORMATION:** Please provide the legal name, address and other contact information of the applicant for this request.

- a. Applicant Name(s): \_\_\_\_\_
- b. Contact Name(s): \_\_\_\_\_
- c. Applicant Mailing Address: \_\_\_\_\_
- d. City/State/Zip: \_\_\_\_\_
- e. Email address: \_\_\_\_\_
- f. Website address: \_\_\_\_\_
- g. Daytime Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_
- h. Federal Tax ID#: \_\_\_\_\_

**2. AFFILIATED COMPANY INFORMATION:** If there is/are another company(ies) (Affiliates) that will benefit from the receipt of this economic development incentive program, please list the appropriate contact information for each company as well. (An affiliate is defined as any company in which either the applicant, or applicant's principals, has a financial interest):

- a. Affiliate Name(s): \_\_\_\_\_
- b. Contact Name(s): \_\_\_\_\_
- c. Affiliate Relationship to Applicant: \_\_\_\_\_
- d. Affiliate Mailing Address: \_\_\_\_\_
- e. City/State/Zip: \_\_\_\_\_
- f. Email address: \_\_\_\_\_
- g. Website address: \_\_\_\_\_
- h. Daytime Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_
- i. Federal Tax ID#: \_\_\_\_\_

3. **PROJECT LOCATION:** Please specify the street address of the proposed project:  
Project Street Address: \_\_\_\_\_

Stow, Ohio 44224

4. **TIME IN BUSINESS:** How long has the company to benefit from the incentive program been in existence? \_\_\_\_ Years                      \_\_\_\_ Months

5. **INDUSTRIAL CLASSIFICATION:** List primary 6 digit North American Industry Classification System (NAICS) Code of the company to benefit from the incentive program:  
\_\_\_\_\_

Please list any other significant NAICS Code numbers:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

6. **COMPANY OFFICERS/PRINCIPALS:** Please provide the name of all owners, principals and/or primary officers of the company on the lines below:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

7. **BUSINESS ORGANIZATION:** Please indicate under which type of organization your company presently operates (check all that apply):

- a. \_\_\_\_ Corporation
- b. \_\_\_\_ Sole Proprietorship
- c. \_\_\_\_ Partnership
- d. \_\_\_\_ LLC
- e. \_\_\_\_ Franchise
- f. \_\_\_\_ Joint Venture
- g. \_\_\_\_ Start-Up
- h. \_\_\_\_ Other (specify)

8. **BUSINESS CLASSIFICATION:** Please describe the type of business in which the applicant, or affiliated company to benefit from the incentive program is involved (check all that apply):

- a. \_\_\_\_ Construction
- b. \_\_\_\_ Manufacturing
- c. \_\_\_\_ Service
- d. \_\_\_\_ Research & Development
- e. \_\_\_\_ Retail
- f. Others (specify)  
\_\_\_\_\_  
\_\_\_\_\_

9. **CURRENT EMPLOYMENT:** For each of the categories listed below, please specify the number of employees currently employed by the applicant, or affiliated company:

- a. \_\_\_\_ Full-time permanent
- b. \_\_\_\_ Part-time permanent
- c. \_\_\_\_ Full-time temporary
- d. \_\_\_\_ Part-time temporary
- e. \_\_\_\_ Seasonal
- f. \_\_\_\_ None (New Business)

**10. TOTAL OHIO EMPLOYMENT:** Please indicate the total number of employees employed by the applicant *in the State of Ohio*: \_\_\_\_\_

**11. CURRENT PAYROLL:** For each of the categories listed below, please specify the dollar amount of payroll for the employees currently employed by the applicant, or affiliate company:

- |                                |                                |
|--------------------------------|--------------------------------|
| a. \$_____ Full-time permanent | d. \$_____ Part-time temporary |
| b. \$_____ Part-time permanent | e. \$_____ Seasonal            |
| c. \$_____ Full-time temporary | f. _____ None (New Business)   |

**12. PROJECTED NEW EMPLOYMENT:** If granted an incentive from the City of Stow, for each employment category listed below, please specify the number of employees the applicant, or affiliated company to benefit from the incentive program (*Those to be located at the Stow facility*) will create over a three-year time period:

	Year 1	Year 2	Year 3
a. Full-time permanent	_____	_____	_____
b. Part-time permanent	_____	_____	_____
c. Full-time temporary	_____	_____	_____
d. Part-time temporary	_____	_____	_____
e. Seasonal	_____	_____	_____

**13. PROJECTED NEW PAYROLL:** For each of the categories listed below, please specify the dollar amount of annual payroll for the employment to be created by the applicant, or company to benefit from the incentive program (*Those to be located at the Stow facility*):

	Year 1	Year 2	Year 3
a. Full-time permanent	\$_____	\$_____	\$_____
b. Part-time permanent	\$_____	\$_____	\$_____
c. Full-time temporary	\$_____	\$_____	\$_____
d. Part-time temporary	\$_____	\$_____	\$_____
e. Seasonal	\$_____	\$_____	\$_____
f. Total Annual Payroll	\$_____	\$_____	\$_____

**14. USES OF FUNDS:** For each of the categories listed below, please estimate the amount to be invested by the enterprise to establish, expand, renovate or occupy a facility:

- |  |         |
|--|---------|
| a. Acquisition of Buildings:           | \$_____ |
| b. Additions/New Construction          | \$_____ |
| c. Improvements to Existing Buildings: | \$_____ |
| d. Machinery & Equipment:              | \$_____ |
| e. Furniture & Fixtures:               | \$_____ |
| f. Inventory:                          | \$_____ |
| g. Total New Project Investment:       | \$_____ |

15. **PROJECT TIMELINE:** Project will begin \_\_\_\_\_, 20\_\_ and be completed \_\_\_\_\_, 20\_\_.

16. **RELOCATION:** Will the project involve the relocation of employment positions or assets from one Ohio location to another? Yes \_\_\_\_\_ No\_\_\_\_\_

a. If yes, state the location from which employment positions or assets will be relocated and the location to where the employment positions or assets will be located:

b. If yes, state the enterprise's current employment level for each facility to be affected by the relocation of employment positions or assets:

c. If yes, what is the projected impact of the relocation, detailing the number and type of employee and/or assets to be relocated (*Those to be located at the Stow facility*)?

17. **CONSOLIDATION:** Will the project involve the consolidation of business operations or assets from another Ohio location? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, please itemize the location, assets, and employment positions to be transferred:

18. **DELINQUENCIES:**

a. Does the applicant, or affiliated company to benefit from the incentive program, owe any delinquent taxes to the State of Ohio or a political subdivision?  
Yes \_\_\_\_\_ No\_\_\_\_\_

b. Does the applicant, or affiliated company to benefit from the incentive program, owe any moneys to the State or a state agency for the administration or enforcement of any environmental laws? Yes \_\_\_\_\_ No\_\_\_\_\_

c. Does the applicant, or affiliated company to benefit from the incentive program, owe any other moneys 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\_\_\_\_\_

d. If yes to any of the above, please provide details of each instance including, but not limited to, the location, amounts and/or case identification numbers.

19. **LEGAL PROCEEDINGS:** Are there any current or pending law suits involving either the principals or the company? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, provide details below, and attach any supporting documentation related to the law suits.

**20. PROJECT DESCRIPTION:** In the space provided below, please describe the project. This statement should focus on the ability to grow and to expand capacity. Savings, efficiencies and improvements in technology expected as a result of this loan should also be addressed. Describe new products, if any, which will result from the project. Discuss the potential for spin-off industries if this project is funded. State what the company expects to accomplish with the overall project. This should include information on existing as well as planned products, services or business information.

**21. AMOUNT AND TERM OF REAL PROPERTY TAX INCENTIVE:** Please specify the amount of abatement, and the term of the real property tax incentive requested by the applicant covering the project described in SECTION A above:

- a. Tax Incentive amount: \_\_\_\_\_ %
- b. Tax Incentive term: \_\_\_\_\_ years

**22. TAX INCENTIVE JUSTIFICATION:** Please specify the applicant's reasons for requesting tax incentives (be as quantitatively specific as possible)

**TAX INCENTIVE APPLICATION NOTES**

- a. A copy of this proposal must be forwarded by the local governments to the affected Board of Education along with notice of the meeting date on which the local government will review the proposal. Notice must be given a minimum of fourteen (14) days prior to the scheduled meeting to permit the Board of Education to appear and/or comment before the legislative authorities considering the request.
- b. A copy of the final City of Stow Community Reinvestment Area Agreement will be attached as Exhibit A, and must be forwarded to the Ohio Department of Taxation and the Ohio Department of Development within fifteen (15) days of final approval.

**REQUIREMENTS AND CERTIFICATIONS**

The undersigned, duly authorized Officers of the Applicant, hereby certify that the statements made in the foregoing application and in all attachments submitted in connection with this application are true and correct to the best information and belief of the undersigned and are submitted as a basis for determining approval of Community Reinvestment Area tax incentive request.

I/we certify that the requirements listed below will be met:

- a. Submission of this application expressly authorizes the City of Stow 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 Stow for consideration of this request.
  
- b. The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 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 assistance benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.
  
- c. The Applicant agrees to supply additional information upon request.

---

Signature Date

---

Name and Title of Property Owner (Typed or printed))

\*\*\*\*\*

Submit completed application to: Economic Development Coordinator  
City of Stow  
3760 Darrow Road  
Stow, Ohio 44224

[ktrenner@stow.oh.us](mailto:ktrenner@stow.oh.us)

Phone: (330) 689-2810  
FAX: (330) 689-2827