

**CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA  
ENTERPRISE ZONE APPLICATION**

**PROJECT INFORMATION**

**Project Name:** \_\_\_\_\_  
(The exact legal name under which the business is applying for designation)

**Street Address:** \_\_\_\_\_  
(Location of the qualified business within the Enterprise Zone)

**Parent Company:** \_\_\_\_\_  
(Parent Company Name and/or authorized person)

**Mailing Address:** \_\_\_\_\_  
(Parent Company Name and /or authorized person)

**City/State/Zip:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**If constructing a new facility and address is not available, state and provide address to the Office as soon as it is available. The address must be provided to the Office before the project is eligible for benefits.**

**Local Business Liaison**  
(PROJECT AGENCY)  
(Local Contact Person at  
Qualified Business Site)

**Primary Business Representative**  
(COMPANY OWNED/OFFICES)  
(Primary Business Representative with  
Signature Authority as Identified in Corporate Resolution)

**Name** \_\_\_\_\_

\_\_\_\_\_

**Title** \_\_\_\_\_

\_\_\_\_\_

**Organization** \_\_\_\_\_

\_\_\_\_\_

**Street Address** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_

\_\_\_\_\_

**Fax Number** \_\_\_\_\_

\_\_\_\_\_

**Cellular Phone** \_\_\_\_\_

\_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

\_\_\_\_\_

Complete	Incomplete		If Complete, Initial and Attach
_____	_____	<b>Financial supporting documentation If applicable, for example bank com- mitment letters.</b>	_____
_____	_____	<b>Three years of financials must include income statements/balance sheets.</b>	_____
_____	_____	<b>If a start-up business, submit three years of projections/supporting documents.</b>	_____
_____	_____	<b>Evidence of property access, i.e., copy of warranty deed or executed lease agreement.</b>	_____
_____	_____	<b>Muscogee County Business License or Application.</b>	_____

**Business Type:**

<b>Federal Tax ID Number:</b> _____	<b>SIC Code</b> _____
<b>Business Type:</b> _____ (Manufacturing, Service, etc.)	
<b>Primary Product:</b> _____	

<p><b>Applicant Type</b></p> <p><input type="checkbox"/> New Jobs</p> <p><input type="checkbox"/> Exporter</p> <p><input type="checkbox"/> New/Retained Jobs</p>	<p><b>Recruitment Type (Out of State)</b></p> <p><input type="checkbox"/> Expansion</p> <p><input type="checkbox"/> Consolidated</p> <p><input type="checkbox"/> Relocation</p> <p><input type="checkbox"/> Start-Up</p>
<p><b>Benefit Type</b></p> <p><input type="checkbox"/> Renovate Existing Facility</p> <p><input type="checkbox"/> New Facility</p> <p><input type="checkbox"/> Expand Existing Facility</p> <p><input type="checkbox"/> Machinery/Equipment</p>	<p><b>Retention Type (Local)</b></p> <p><input type="checkbox"/> Expansion</p> <p><input type="checkbox"/> Relocation within Georgia</p> <p><input type="checkbox"/> Consolidation</p> <p><input type="checkbox"/> Upgrade Process/Equipment</p>

Projected Capital Investment: (To be made in the Zone over the entire 10-year tax abatement period).

Land	\$ _____
Buildings	\$ _____
Manufacturing Machinery	\$ _____
Other Machinery and Equipment	\$ _____
Other _____	\$ _____
Grant Total	\$ _____

The business making the investment and paying taxes must also create the jobs and be the project designee.

Business Projected Dates and Milestone:

Construction Start Date	<input type="text"/>
Construction Completion Date	<input type="text"/>
Operation Start Date	<input type="text"/>
Date Begin Hiring New Employees	<input type="text"/>
Date Purchase of Machinery/Equipment	<input type="text"/>
Tax Abatement Start Date (NLT Completion). Attach Plat with Identified Phases (if applicable)	<input type="text"/>

**Jobs for Which You Are Applying for Benefits:** (Projected for 10-Year Tax Abatement Period).

**Jobs to be created for Benefit.** (Attach a breakdown of types of new jobs by classifications or title and the salary range or hourly rate for each, (must match the job numbers below).

Number of New Jobs: \_\_\_\_\_ Minimum (5) for this project

Estimated Amount of Payroll \_\_\_\_\_

**NOTE: Leased, contract, temporary, and construction employees do not qualify as new employees.**

Number of Local Residents Hired: \_\_\_\_\_ Number of Low/Moderate Income Hired: \_\_\_\_\_

**Permanent, Full-Time Jobs:**

Sub-Total, Full-Time Jobs: \_\_\_\_\_

Sub-Total, Part-Time Jobs: \_\_\_\_\_

Grant Total, All Jobs: \_\_\_\_\_

**NOTE:** You may replicate this page on computer or substitute company documents. Please provide concise and informative answers.

**The Business:** Provide an introduction, history, and description of the qualified business. Its products, services, total sales, number of employees, locations (international, national, and in Georgia), description of primary materials purchased, product transportation, etc.

**NOTE:** You may replicate this page on computer or substitute company documents. Please provide concise and informative answers.

**Project Description.** Provide a description of the company's plans, including projected capital investment of the business in the zone for a 10-year project designation period (expansion, consolidation, relocation, etc.)

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.

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Signature

-----  
Date

-----  
Title

**FOR OFFICIAL USE ONLY**

	Approving Authority	Approve	Disapprove
Development Authority	-----	-----	-----
Community & Economic Development	-----	-----	-----
Inspections and Code Enforcement	-----	-----	-----
Engineering Department	-----	-----	
Finance	-----	-----	
Occupational Tax	-----	-----	-----
Tax Assessors Office	-----	-----	