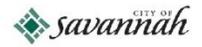




*ENTERPRISE ZONE
JOB CREATION*

Application for Incentives

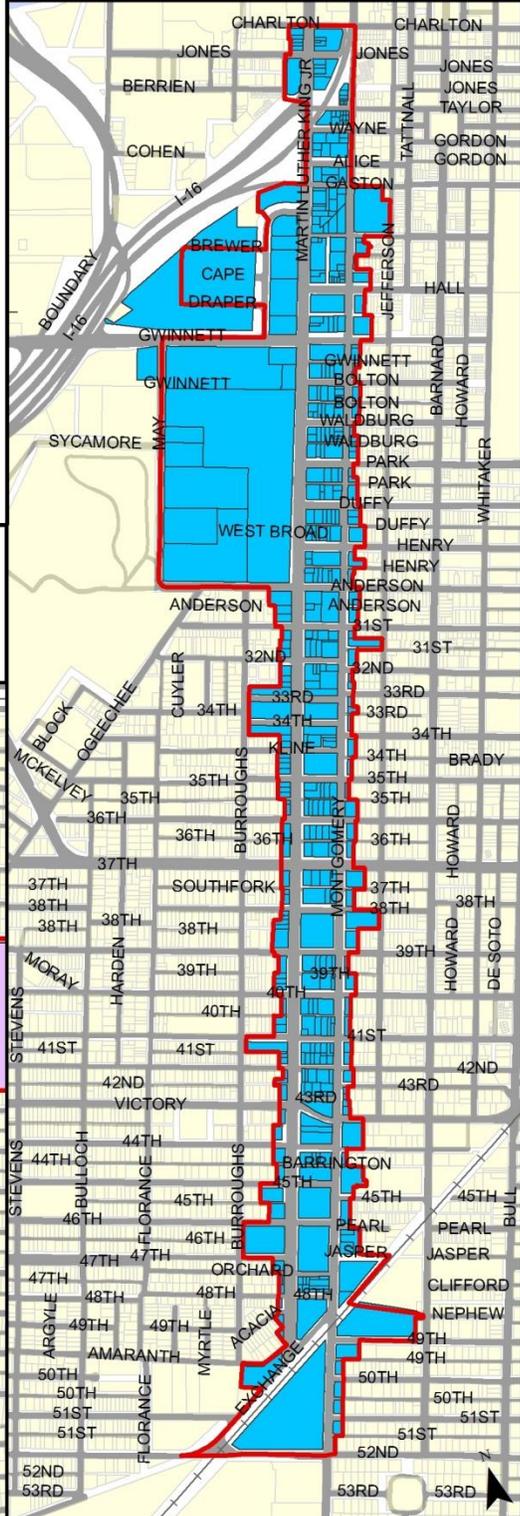
City of Savannah Enterprise Zones



For more information, please contact:

City of Savannah
Economic Development Department
Ph. (912) 651-3653

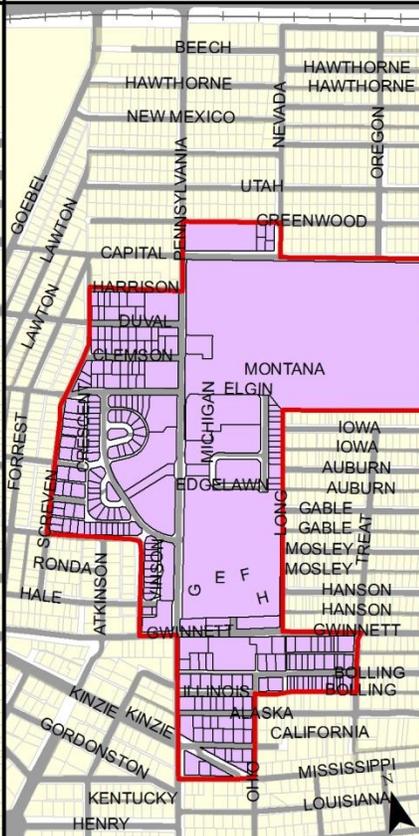
MLK, Jr. Boulevard / Montgomery Street Enterprise Zone



Sustainable Fellwood Enterprise Zone



Pennsylvania Avenue Enterprise Zone



0 0.05 0.1 0.2 Miles

0 0.1 0.2 0.4 Miles

0 0.125 0.25 0.5 Miles

City of Savannah Enterprise Zone (EZ) Municipal Tax Abatement Program

FOR INTERNAL OFFICE USE:

Date Application Received: _____ Date of Review by EZ Review Committee: _____

EZ Committee Determination: APPROVED DENIED

Date Tax Exemption Begins: _____ Date Tax Exemption Ends: _____

The Enterprise Zone Municipal Tax Abatement Program was established by the City of Savannah in accordance with the State of Georgia Enterprise Zone Employment Act of 1997, to incentivize revitalization of geographic areas experiencing high levels of disinvestment, underdevelopment and economic decline. The program offers abatement of municipal ad valorem (property) taxes for a ten year period on business, commercial and residential properties located within the designated geographic area, when property owners successfully achieve and maintain one of the following criteria.

- **Job Creation** – A business or service enterprise within an EZ must create and maintain a minimum of five (5) new full-time equivalent jobs at the time of application to receive tax abatement. The five jobs must be new positions above and beyond the existing/prior positions employed by the business, thereby reflecting the creation of five “additional jobs.” The five new jobs must not have a pre-determined end date, include a regular work week of 30+ hours or more, and have the same benefits provided to similar employees. The five jobs must be maintained throughout the ten year period of abatement in order to maintain tax exemption. Additionally, qualifying business or service enterprises must make improvements to the property.

- **Land Improvement (Construction/Rehabilitation)** – A business, service enterprise or other party carrying out new residential construction, residential rehabilitation, or other rehabilitation of an existing structure within an EZ such that the value of the improvement(s) exceeds the value of the land by a ratio of five to one by the Chatham County Tax Assessors valuation.
 - **EZ-Approved Residential Property - Home Ownership Purchase** – To encourage home ownership in EZ areas, initial home buyers purchasing EZ-approved residential properties for primary residency, and where the property developer has met the five to one increase in value of the property, shall be eligible to obtain tax abatement for this same property. A Notification of Sale of EZ Approved Residential Property/Home Owners Application form with new home owner information and necessary proof of sale documentation is required.

IMPORTANT NOTICE: Once property tax abatement is granted, the incentive remains in effect for the full ten-years, regardless of the expiration of the Enterprise Zone area designation. However, failure of EZ applicants to accomplish the applicable criterion stated above can result in revocation of the tax abatement and recapture of any and all abated taxes or other incentives granted. EZ applicants must show verifiable proof to document compliance with EZ program requirements. Applicants approved for EZ Job Creation incentives must be annually recertified in order to provide proof that the five additional jobs have been maintained over the life of the 10 year abatement period.

Tax Abatement Schedule

Year 1-5 100%	Year 6-7 80%	Year 8 60%	Year 9 40%	Year 10 20%
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TO BE CONSIDERED FOR TAX ABATEMENT INCENTIVES IN THE UPCOMING CALENDAR YEAR, THIS APPLICATION MUST BE COMPLETED AND RECEIVED BY THE ECONOMIC DEVELOPMENT DEPARTMENT NO LATER THAN JUNE 30TH.

Applications received after this date may be submitted but will not be considered for the upcoming year. For more information, please call the Economic Development Department at (912) 651-3653.

SAVANNAH ENTERPRISE ZONE JOB CREATION APPLICATION

Please indicate the Enterprise Zone where the proposed business is or will be located.

(See back cover for maps and boundaries of each Enterprise Zone.)

<input type="checkbox"/> Sustainable Fellwood <i>Established April, 2007</i>	<input type="checkbox"/> Pennsylvania Avenue/ Savannah Gardens <i>Established November, 2009</i>	<input type="checkbox"/> Martin Luther King, Jr. Blvd/ Montgomery Street <i>Established October, 2010</i>
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Required Documentation Checklist

Please place a check mark by all required documentation that has been included with this application.

Business Ownership and Job Creation:		Other Improvements <i>(if property improvements were made):</i>	
	Evidence of business ownership		Detailed plans & scope of work for property improvements <i>(Construction, parking, façade, signage, landscape, etc.)</i>
	City of Savannah Business License		Proof of costs paid to upgrade/improve property <i>(labor & material costs, professional & other fees paid)</i>
	Certified payroll from period prior to creating new jobs in the Enterprise Zone that reflects the number of total employees		Map of site <u>with boundary survey</u>
	Certified payroll from most recent period verifying total number of new jobs later created in the Enterprise Zone.		Photographs of site and site improvements

Part I: General Business Information

Applicant Information

Legal Name of Business _____

(Please enter the exact legal name of the business applying for Enterprise Zone designation)

Federal Tax ID# _____ NAICS (SIC) Code: _____

Legal Owner(s) of Business _____

Address of Business in Enterprise Zone* _____ PIN# _____

**If a new facility is being constructed and an address is not available, please provide address as soon as possible.*

Business Mailing Address _____

City _____ State _____ Zip Code _____

Business Type *(Manufacturing, Restaurant, Retail, etc.)* _____

Primary Business Product or Service _____

Parent Company (if applicable) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Contact Person

Name _____ Telephone number _____

Title _____ Fax number _____

Email _____ TDD Number _____

Organization Name (if different from business above) _____

Mailing Address: _____

Part II: Job Creation

A. Number of Employees prior to adding new jobs in the Enterprise Zone

1. Total number of jobs that existed prior to adding new jobs in the Enterprise Zone: _____
2. Base year, or last year, in which only the above number of jobs existed: _____
3. Total Amount of Annual Payroll for the above jobs: \$_____

B. Number of Employees after adding new jobs in the Enterprise Zone

(NOTE: Leased, contract, temporary, and construction employees do not qualify as new employees and should not be listed.)

1. Total number of new/additional full-time jobs (30 work hours per week minimum) created in the Enterprise Zone boundaries not counted in Section A above: _____
2. In the space provided below, please list all new jobs created within the Enterprise Zone, the month and year created, the estimated annual wages for each position and whether the position is filled or vacant.

Job Title	Month/Year Created	Estimated Annual Wages	Filled (F) or Vacant (V)?
1) _____	_____	\$ _____	_____
2) _____	_____	\$ _____	_____
3) _____	_____	\$ _____	_____
4) _____	_____	\$ _____	_____
5) _____	_____	\$ _____	_____

Total Amount of Annual Payroll for New Enterprise Zone Jobs: \$_____

REQUIRED:

- Attach certified payroll verifying total jobs/employees prior to the creation of new jobs in the Enterprise Zone.
- Attach certified payroll from the most recent quarter verifying the total number of new jobs/employees created within the Enterprise Zone.

NOTE: Application will be considered incomplete without proof of employment levels.

C. Jobs Summary (All Jobs)

Total number of jobs prior to adding new jobs in the Enterprise Zone (Section A): _____

Total number of new, full-time jobs created in the Enterprise Zone (Section B): _____

Total number ALL jobs: _____

Total Annual Payroll for Jobs prior to adding new jobs in the Enterprise Zone: (Section A): \$_____

Total Annual Payroll for New Jobs added in the Enterprise Zone (Section B): \$_____

Annual Payroll Grand Total (All Positions): \$_____

D. Employment of Low or Moderate Income Persons

Please list the number of persons employed that meet the following criteria.

# Employed	Low/Moderate Income Person Definitions (A-H)
	(A) Unemployed or unemployed for three of the six months prior to the date of hire
	(B) Homeless
	(C) A resident of public housing
	(D) Receiving temporary assistance for needy families or who has received temporary assistance for needy families at any time during the 18 months prior to the date of hire
	(E) A participant in the Workforce Investment Act or who has participated in the Workforce Investment Act at any time during the 18 months prior to the date of hire
	(F) A participant in a job opportunity where basic skills are required or who has participated in such a job opportunity at any time during the 19 months prior to the date of hire
	(G) Receiving supplemental social security income
	(H) Receiving food stamps
	Total Low/Moderate Income Persons Employed (Add all the numbers entered in the first column.)

E. General Business Narrative

Please provide a brief overview of the history and type of business you own and operate, its products or services, total sales, locations (local, regional, national, international), and any other information that would be helpful or pertinent to this application. (You may substitute company documents for this section or attach additional pages if needed.)

Part III: Other Improvements & Economic Stimulus

Describe any property/site improvements or other investments you have made within the Enterprise Zone.

A. General Narrative of Physical Improvements

What types of improvements were made to the parcel? (Check all that apply)

- New Construction
 Rehabilitation
 Adaptive Reuse
 Acquisition/Rehabilitation
 Exterior Improvements

Briefly describe the improvements to the site and the economic impact it will bring to the Enterprise Zone and the community. (You may substitute company documents or attach additional sheets if needed.)

B. Physical Improvements

What is the proposed development activity? (Check all that apply)

- New Construction
 Rehabilitation
 Adaptive Reuse
 Acquisition/Rehabilitation
 Exterior Improvements

In the space below, list the physical improvements you have made or plan to make to the property, such as exterior improvements (parking, façade, signage, landscape) or structural improvements (new construction, rehabilitation).

Type of Improvement	Cost (Labor/Materials)	Start Date (Month/Year)	End Date (Month/Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Cost of Improvements: \$ _____

C. Professional Services and Other Fees

Please note any fees paid that are related to the improvements listed in Section B. You may skip any fees listed below that do not apply to your project.

Local Government Fees

Building Permits \$ _____
 Water Tap Permits \$ _____
 Sewer Tap Permits \$ _____
Subtotal \$ _____

Developer's Fee

Developer's Overhead \$ _____
 Consultant's Fees \$ _____
 Short-term Reserves
 (held for less than life of loan) \$ _____
Subtotal \$ _____

Professional Services

Architectural Fees \$ _____
 Construction Fees \$ _____
 Attorney Fees \$ _____
 Accounting \$ _____
Subtotal \$ _____

Other Fees

Other _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
Subtotal \$ _____

Total Professional Services and Other Fees (total all fees noted above): \$ _____

D. Sources of Funding for the Project

Please list all sources of funding secured to finance the completion of this project.

Source (1) _____ \$ _____
Source (2) _____ \$ _____
Total Sources of Funding \$ _____

E. General Site Information

Name of current owner of the site:

Owner Address:

Tax Parcel ID Number:

Type of building construction:

Combustible (wood) Non-Combustible (concrete and/or steel)

What is the acreage of the site?

How is the site zoned?

What is the building's total square footage?

Did the project require a zoning variance?

Census tract where the site is located:

Anticipated/Estimated gross receipts one year following EZ designation?

F. Additional Economic Stimulus

Please describe any other economic stimulus this project will bring to the community as part of the Enterprise Zone.

If possible, assign a dollar value to the economic stimulus described above: \$ _____
(If no dollar value exists, enter "None" or "N/A." If the dollar value is unknown, enter "Unknown" or "Don't Know")

Projected Start Date for stimulus described above: _____

Part IV: Applicant Certification

Applicant Certification

I hereby certify that all information provided in conjunction with this Enterprise Zone application is true and correct to the best of my knowledge. I acknowledge that by completing this application and accepting the incentives granted, I am affirming that I have completed and met the City's Enterprise Zone program requirements. I further understand that falsification of documents or failure to carry out the project as described and approved can result in revocation of the tax abatement and recapture of any and all abated taxes or other incentives granted.

Applicant Signature: _____ Date: _____