Tax Abatement Program Application

I. **Applicant Information:** Name(s) of Applicant: Business Name: _____ Corporation: _____ Sole Proprietorship: _____ Partnership: _____ New Business: ____ Existing Business: ____ Applicant Address: Property Address: II. **Description of Project:** III. Building Type/Size/Exterior Finishes: (Must include a site plan showing building locations, size, parking, etc.) IV. **Project Funding:** (if needed, financial information may be required) Abatement Amount Requested: \$ _____ Total Project Cost \$_____ Please identify the purpose for which the abated tax funds will be used.

(Refer to the City of Waseca Tax Abatement Investment Policy for Qualifying Expenditures.)

V. Employment:	
Number of existing employees	s: Number of jobs retained:
Number of jobs created:	Average hourly wage of new jobs: \$
VI. Lender Information:	
Participating Bank:	
Bank Contact:	Phone:
VII. Tax Impact:	
Estimated market value after	completion:
Estimated property taxes afte	r completion: County: City:
Authorized Signature of Appli	cant Date
Authorized Signature of Applie	cant Date