



# COMPANY APPLICATION FORM Business Investment Program



To be eligible for a Charlotte-Mecklenburg Business Investment Grant, a completed formal application must be received and approved prior to any announcement of the project.

This application is subject to disclosure pursuant to the North Carolina Public Records law. N.C. General Statute 132-1.2 does, however, exempt from disclosure information that qualifies as a "trade secret". Any information claimed to be a trade secret should be labeled "trade secret" at the time of its initial disclosure to the City of Charlotte and Mecklenburg County.

## General Information

Name of Company:

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

- Type of Business:
- Manufacturing
  - Corporate Headquarters
  - Transportation & Distribution (Logistics)
  - Emerging Technologies & Industries
  - Financial, Insurance & Professional Services
  - Other (please specify)

In the space below, please provide a general description of the proposed investment project, considering the site location, product/services to be provided, physical improvements/new equipment, the number of jobs, etc:

## Minimum Eligibility Requirements

**New Investment:**

Address of Proposed Investment Location: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_  
For help, go to <http://meckcama.co.mecklenburg.nc.us/relookup/>

Current Owner of Investment Location: \_\_\_\_\_

Current/Proposed Interest in the site: \_\_\_\_\_  
(e.g. option to purchase, leasehold interest, etc...)

Expected <b>new</b> investment at location:	<u>Amount</u>	<u>Estimated timeline</u>
Land cost:	_____	_____
Buildings, infrastructure:	_____	_____
Machinery and equipment:	_____	_____
Other:	_____	_____
<small>If other, please describe here &gt;&gt;</small>	_____	_____
Total investment:	_____	_____

If any of the machinery or equipment is leased, then complete the following:

Type of Equipment	Value	Owned by:

If you are entering into a lease agreement for your site, what is the amount of space and length of the lease term in the following categories:

Type of Use (office, mfg, etc...)	Square footage	Term (years)

**Job Creation & Retention:**

Proposed new full time jobs: \_\_\_\_\_ (over three-year period)

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

If further job creation is contemplated, please describe in detail:

Anticipated average wage for new full-time jobs: \_\_\_\_\_  
NOTE: this is to be computed by averaging the starting salaries for the new jobs.

If expanding an existing site, how many full-time jobs are currently at the facility? \_\_\_\_\_

Average wage for all full-time jobs at facility including the expansion: \_\_\_\_\_  
NOTE: this is to be computed by averaging the current salaries of the existing jobs together with the starting salaries of the new jobs.

The wage rate requirement can be reduced by up to 20% if 25% of your new hires live within the City's Business Investment Zone and/or participate in economic assistance programs of the Mecklenburg County Department of Social Services (e.g. WorkFirst, food stamps, etc). Could this qualification fit within your overall hiring strategy?

YES  NO

Of the new full-time jobs, please provide your best estimate of the following information:

Salary Range	Number of Employees...	
	Likely to be hired locally	Likely to be relocated

Is the company likely to move any existing operations out of the area if a grant is not made?  YES  NO

If yes, what would be the timetable for the move? \_\_\_\_\_

Number and location of Charlotte/Mecklenburg jobs to be moved: \_\_\_\_\_

Amount and location of Charlotte/Mecklenburg investment at risk: \_\_\_\_\_

## Competition

Other locations being considered for the Project:

State	City/Region	Primary Government Contact

Describe the nature of the incentives being offered by these other states. Attach additional sheets, if necessary. For example, for each state:

Cash grants (dollar amount and source): \_\_\_\_\_  
 Tax credits (dollar value and tax being offset): \_\_\_\_\_  
 Tax abatements: \_\_\_\_\_  
 Other incentives: \_\_\_\_\_

Is this project at substantial risk of being developed or located in another state?  YES  NO

## Additional Information

What is the current legal status of your company (e.g. corporation, LLC, etc)? \_\_\_\_\_

In which U.S. state is your company organized? \_\_\_\_\_

If a foreign applicant, is your company qualified to do business in North Carolina?  YES  NO

Please list below any material subsidiaries, parent companies and affiliated companies of the company and their respective principal businesses. If your company is publicly traded, you may submit a copy of the most recent annual report instead.

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Are you aware of any proposed or pending mergers, acquisitions or other corporate reorganizations affecting the company or the proposed investment location(s)?

YES  NO

If so, please describe:

Are you aware of any pending or threatened litigation involving the company that could reasonably be expected to cause a material adverse effect on the company or its proposed investment?

YES  NO

If so, please describe:

Do you have an application pending or do you intend to apply for industrial revenue bond financing for this or a similar project in the Charlotte-Mecklenburg area?

YES  NO

What is the assessed tax value of real and business personal property (BPP) at the investment location?

For help, go to  
<http://meckcama.co.mecklenburg.nc.us/relookup/>

Real Property: \_\_\_\_\_

BPP: \_\_\_\_\_

## REPRESENTATIONS

1. The Company has reviewed and understands the Business Investment Program guidelines.
2. Without this grant from the Charlotte-Mecklenburg Business Investment Program the Company would not undertake this project in Charlotte-Mecklenburg.
3. The Company understands that release of any Business Investment Grant funds will be contingent on meeting performance criteria that will be set out in a mutually agreeable performance contract among the City of Charlotte, Mecklenburg County and the Company.
4. The Company understands that release of any Business Investment Grant funds will be contingent on provision of adequate documentation of the required investment, job creation, and job retention, including submission of copies of the appropriate quarterly N.C. Employment Security Commission forms described in the grant agreement.
5. The Company understands that approval of this project's application by the City of Charlotte and Mecklenburg County does not override or excuse compliance with any existing environmental laws and regulations placed on the facility to be developed.

- 6. The Company understands that the disbursement of any funds under the Business Investment Program is based upon performance, and that the Company may be responsible to refund part or all of any moneys awarded if the terms of any performance contract are not met.
- 7. The new jobs used as the basis for this application are new net positions to the Company's operations in the City of Charlotte and will not be transferred from any existing operations of the Company or related entity in Charlotte-Mecklenburg.
- 8. The information provided in this application is true and correct to the best of my knowledge.
- 9. The information and data presented regarding the plans and projections of the Company are based on current plans and projections and represent the best data available. Economic conditions within the industry may cause changes. The plans and projections described in this application are made on the basis of the best available information and they so demonstrate the Company's intentions.
- 10. The following items are attached:
  - a. Most recent tax printout showing the real and business personal property tax valuations of the investment location.
  - b. Signatory statements as to whether any member of management or any principal of the Company has been involved in a financial reorganization, a bankruptcy, or other situation that has led to losses by creditors, bond buyers, or to investor lawsuits or government investigation alleging fraud or impropriety.
  - c. A completed & signed Waiver of Confidentiality form regarding Quarterly Unemployment insurance Tax Records.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_  
 County of \_\_\_\_\_

I, \_\_\_\_\_, a notary public of the County of \_\_\_\_\_ in the State of \_\_\_\_\_, do certify that \_\_\_\_\_ personally appeared before me this day, and first being duly sworn, acknowledged that he is \_\_\_\_\_ (title of officer) of \_\_\_\_\_ (name of business entity) and that he is authorized to execute the foregoing instrument on behalf of \_\_\_\_\_ (name of business entity), and executed the foregoing instrument in my presence.

SEAL

\_\_\_\_\_  
 Notary Public  
 My commission expires: \_\_\_\_\_

**Attachment A**

**Company Application Form  
Business Investment Program**

PRINT OUT OF MOST RECENT TAX VALUATION OF PROPOSED INVESTMENT LOCATION. INCLUDE REAL PROPERTY AND BUSINESS PERSONAL PROPERTY (IF APPLICABLE)

**Attachment B**

**Company Application Form  
Business Investment Program**

**SIGNATORY STATEMENT**

No member of management or any principal of \_\_\_\_\_ (Company) has been involved in a financial reorganization, a bankruptcy, or other situation that led to losses by creditors, bond buyers, or to investor lawsuits or government investigation alleging fraud or impropriety.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Name, Title)

\_\_\_\_\_ (Company Name)

**Attachment C**

**Company Application Form  
Business Investment Program**

WAIVER OF CONFIDENTIALITY  
QUARTERLY UNEMPLOYMENT INSURANCE TAX RECORDS

NAME OF TAXPAYER FOR PROJECT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FEDERAL TAX IDENTIFICATION #: \_\_\_\_\_  
N.C. UNEMPLOYMENT INSURANCE ACCOUNT #: \_\_\_\_\_

WAIVER

*I hereby waive the right to confidentiality, as found in N.C.G.S. 9604 (t), for information contained in the above company's quarterly unemployment insurance tax records as filed with the North Carolina Employment Security Commission and authorize the City of Charlotte and Mecklenburg County to use such information as public record.*

\_\_\_\_\_  
Chief Financial Officer or Other Authorized Company Official (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title