



## Economic Development Incentive Pre-Application Worksheet

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DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

COUNSEL: \_\_\_\_\_

COUNSEL PHONE #: \_\_\_\_\_ COUNSEL EMAIL: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

### PROJECT TYPE:

Check all that apply and fill in the SIC/NAICS code, if known.

Industrial, Manufacturing, Technology      SIC/NAICS code: \_\_\_\_\_

- New building, no existing Missouri operations
- New building, other Missouri operations already in existence
- Expanding existing facility
- Retaining existing facility

Retail/Restaurant/Hotel      SIC/NAICS code: \_\_\_\_\_

- New freestanding building
- New multi-use tenant building
- Remodel, addition or expansion of existing building

Office

- New freestanding building
- New multi-use tenant building
- Remodel, addition or expansion of existing building

Residential

- New freestanding residential units
- New residential units in a multi-use building
- Remodel, addition or expansion of existing building

Other \_\_\_\_\_

**PROPERTY FOR WHICH INCENTIVES ARE BEING SOUGHT**

Attach map and legal description of property.

ADDRESS: \_\_\_\_\_

CURRENT PROPERTY OWNER: \_\_\_\_\_

WILL APPLICANT BE PURCHASING THE PROPERTY: \_\_\_\_\_ YES \_\_\_\_\_ NO

TOTAL ACRES: \_\_\_\_\_ Building Sq. Ft. \_\_\_\_\_

**INVESTMENT**

Total new investment: \$ \_\_\_\_\_

Acquisition of land/existing buildings: \$ \_\_\_\_\_  
Annual lease of land/existing buildings: \$ \_\_\_\_\_  
Preparation of plans, studies, surveys: \$ \_\_\_\_\_  
Site preparation costs: \$ \_\_\_\_\_  
Building improvements: \$ \_\_\_\_\_  
Site improvements: \$ \_\_\_\_\_  
Utilities/Infrastructure Costs: (streets, sewer, etc.): \$ \_\_\_\_\_  
Public Art/Decorative Improvements: \$ \_\_\_\_\_

**TIMELINE**

Calendar year in which applicant plans to begin construction: \_\_\_\_\_

Approximate opening date: \_\_\_\_\_

**WAGE & BENEFITS**

	Job Category (executive, professional, clerical, general labor, etc.)	# new full-time employees	#new part-time employees	Average hourly wage/employee
Year 1				
Year 2				

% of health care premium paid for by the employer: \_\_\_\_\_

**TYPE OF FINANCIAL INCENTIVE DESIRED**

TAX REDIRECTION OR ABATEMENT

- Tax Increment Financing
- Chapter 100 Industrial Revenue Bonds
- Chapter 353 Tax Abatement
- Neighborhood Improvement District
- Community Improvement District
- Transportation Development District

Local Incentive Tools

- Sales Tax Reimbursement Agreements

**SALES TAXES REVENUES**

Expected amount of retail sales subject to sales and use taxes by the City of Kearney and other local taxing districts: \$\_\_\_\_\_.