

TOLEDO EXPANSION INCENTIVE PROGRAM APPLICATION

1. APPLICANT

Company Name: _____

Company Address: _____

Contact Person: _____

Telephone: _____

E-mail Address: _____

2. COMPANY INFORMATION

Type of Business: _____

Principal Service: _____

Date Established: _____

Owner(s): _____

Fed. Tax I.D. No.: _____

3. PROJECT LOCATIONS

(NOTE: The Project Address may differ from the Company Address in cases when a company has operations in multiple locations within the City of Toledo. The TEI award will only be based upon the growth of payroll from the specified Project Addresses.)

1. Project Address:

TEI ZONE:

Commercial: _____ Industrial: _____ Technology: _____
Downtown: _____ General: _____ R&D Activities: _____

Grant Percentage: _____ Requested Award Term: _____(years)

Lease: _____ Own: _____ Term of Lease: _____

**CITY OF TOLEDO
DEPARTMENT OF DEVELOPMENT**

Project Description:

2. Project Address:

TEI ZONE:

Commercial: _____ Industrial: _____ Technology: _____
Downtown: _____ General: _____ R&D Activities: _____

Grant Percentage: _____ Requested Award Term: _____(years)

Lease: _____ Own: _____ Term of Lease: _____

Project Description:

3. Project Address:

TEI ZONE:

Commercial: _____ Industrial: _____ Technology: _____
Downtown: _____ General: _____ R&D Activities: _____

Grant Percentage: _____ Requested Award Term: _____(years)

Lease: _____ Own: _____ Term of Lease: _____

Project Description:

**CITY OF TOLEDO
DEPARTMENT OF DEVELOPMENT**

4. PAYROLL

Last 3 Full Calendar Years	2017	2018	2019
Corporate Payroll Figures*			
Municipal Income Tax Withholding*			

* Please include all employees that are located at each Project Address when calculating and presenting the corporate payroll figures and municipal income tax withholding information. In addition, please include all employees from each Project Address that file a W-2 Tax Form or a 1099 Tax Form with the City of Toledo Department of Taxation.

Please attach all documentation that supports the information presented in the above table.

Number of jobs to be created as a result of this project: _____

Number of jobs that will be retained as a result of this project: _____

5. SUBMISSION ACKNOWLEDGEMENTS

- A. As an authorized agent of the Applicant Company, I hereby submit this application. I understand that any false statement in this application may subject the Applicant Company and signer to criminal prosecution. I also understand that additional information may be required to complete the application. By signing this application, I am authorizing financing entities and governmental agencies to provide the City of Toledo, on a confidential basis, with any information required as a part of this application package.
- B. I hereby certify that information on the payroll schedule will be provided timely to the City of Toledo on an annual basis throughout the term of the award.
- C. I hereby certify that I acknowledge and understand all the requirements in City of Toledo’s Living Wage Ordinance #577-00 and further certify that the Applicant Company will comply in all respects with same and the related stipulations in Toledo Municipal Code Sections 187.37 through 187.40 to the extent such requirements are applicable to it.
- D. I hereby certify that the applicant company is current on all taxes, assessments and any other government incentives they are receiving and will remain so during the term of a TEI agreement. I also understand that failure to abide by the above conditions may subject the applicant to be determined to be in default and be denied any award.

Applicant’s Signature _____ Title _____

Name (Print) _____ Date _____