

**City of AVON, Minnesota**

**Business Subsidy Application**

Business Name: _____	<i>For office use only:</i> Application # _____ Date Received _____ Development District _____ Finance District _____ Application Fee Paid _____
Business Address: _____	
City: _____ State: _____ Zip: _____	
Contact Person: _____	
Daytime Phone: _____ Email: _____	

Type of assistance requested:  
\_\_\_ Tax Increment    \_\_\_ Tax Abatement    \_\_\_ Low Interest Loan    \_\_\_ Other (please specify)

Amount of assistance requested: \$ \_\_\_\_\_

Projected start date: \_\_\_\_\_    Projected completion date: \_\_\_\_\_

**Project Information**

*Please attach a description of the proposed project.  
Please attach a description of why the assistance is needed, be specific.*

Estimated Costs (please itemize)	Financing Sources (please itemize)
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
<b>Total Costs</b> \$ _____	<b>Total Funds</b> \$ _____

Project Site:  
Parcel #'s: \_\_\_\_\_  
*Please attach a legal description of the property.*

If the assistance is for a building project:

Estimated value *after* project completion:                    \$ \_\_\_\_\_

Size of Building \_\_\_\_\_ sq. ft.                    Building Type \_\_\_\_\_

Function of Building: \_\_\_\_\_

*Provide a sketch plan and/or site plan for the project.*

**Public Purpose and Job Creation Information**

What benefits will the City and its residents gain if assistance is provided?

\_\_\_\_\_ Job Creation      \_\_\_\_\_ Job Retention      \_\_\_\_\_ Job Training      \_\_\_\_\_ Land Clean Up

\_\_\_\_\_ Tax Base      \_\_\_\_\_ Removal of Blight      \_\_\_\_\_ Redevelopment      \_\_\_\_\_ Other(please list)

If job creation is part of your proposal please list:

# of full-time jobs created      \_\_\_\_\_      # of part-time jobs created      \_\_\_\_\_

Average full-time salary      \$\_\_\_\_\_      Average part-time salary      \$\_\_\_\_\_

**Banker's Information**

Name of Bank: \_\_\_\_\_      Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_      Phone Number: \_\_\_\_\_

**Ownership/Company Information**

Type of company (corporation, etc): \_\_\_\_\_

Owner(s) name(s): \_\_\_\_\_      Address: \_\_\_\_\_

Phone number: \_\_\_\_\_      Is there a parent company? \_\_\_\_\_

*If there is a parent company, please describe the relationship in detail.*

Has the business, owners or parent company ever declared bankruptcy? No \_\_\_\_\_ Yes \_\_\_\_\_

*If yes is checked, you must include information about the bankruptcy.*

Has your business or parent company received a business subsidy, for this or any other project, from another Minnesota unit of government during the past 5 years?

Yes \_\_\_\_\_      No: \_\_\_\_\_

*If yes is checked, please attach a description of the subsidy and by whom it was provided.*

**Please attach a narrative description of your project.**

This application must be accompanied by a \$ \_\_\_\_\_ application fee. Depending upon the type of assistance requested, you may also be required to provide the City with a deposit to cover administration and consulting expenses associated with your project. Unused funds will be returned upon completion of this process. The applicant agrees to provide additional information if requested by the City. .

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Applicant      Title      Date