



## Incentive/Tax Abatement Application

### APPLICANT INFORMATION

1. Beneficiary of Incentives \_\_\_\_\_

Property Owner \_\_\_\_\_ Business Owner \_\_\_\_\_ Lease Holder \_\_\_\_\_ (check all that apply)

Tax Identification # \_\_\_\_\_

Firm's primary SIC \_\_\_\_\_ or describe business type (manufacturing, business services, industrial machinery, etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Contact \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Beneficiary: Same as above \_\_\_\_\_ Authorized Representative \_\_\_\_\_

### PROPERTY AND FINANCIAL INFORMATION

3. Brief description of the project for which you are seeking assistance:

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

4. Property Address: \_\_\_\_\_  
\_\_\_\_\_

5. Property Legal Description (physical address, metes & bounds):

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

6. Attach a complete narrative description of the project including:

- A. Method of financing
- B. Primary business activity at this site
- C. Complete description of all land uses
- D. Time schedule for completion of improvements
- E. NAICS Industry Code
- F. Descriptive list of improvements

1. Size: \_\_\_\_\_ Square Feet

2. Cost of Construction: \$ \_\_\_\_\_

a. Construction workers required: \_\_\_\_\_

b. Length of construction: \_\_\_\_\_ months

3. Value of personal property

a. Inventory: \$ \_\_\_\_\_

b. Equipment, furnishings, machinery: \$ \_\_\_\_\_

c. Value of land to be purchased: \$ \_\_\_\_\_

d. Value of building acquisition: \$ \_\_\_\_\_

G. Estimated taxable sales generated at this location per year: \$ \_\_\_\_\_

H. Type of occupancy:

1. Owner/occupied \_\_\_\_\_

2. Landlord/tenant \_\_\_\_\_

3. If leasing, what is the length of the lease: \_\_\_\_\_

I. The business is:

1. Existing \_\_\_\_\_
2. Expanding \_\_\_\_\_
3. New \_\_\_\_\_
4. Relocating (from another Texas location, list city) \_\_\_\_\_
5. Relocating (from another state, list state) \_\_\_\_\_

7. Level of abatements request: \_\_\_\_\_ % \_\_\_\_\_ years (seven years is maximum)

8. Describe all other incentives sought from DEDC:

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9. Estimated taxable value of property improvements:

Real \$ \_\_\_\_\_ Personal \$ \_\_\_\_\_

10. Job Creation & Retention:

Job Category	Current # of Employees in Dumas (existing business only)	Annual Salary of Current Employees	Annual Salary of New Employees locating in Dumas	Estimated Employment Growth for Proposed Project Number of Employees to be Added Each Year					Total Additions
				Year 1	Year 2	Year 3	Year 4	Year 5	
Executive									
Mid-Level									
Entry									
TOTAL									

11. Will additional infrastructure investment be required from Dumas EDC at the proposed site(s)? If so, please detail improvements.

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12. Community Impact:

A. If applicable, what is the value of the sales that will be subject to sales tax collection by the City of Dumas:

\$\_\_\_\_\_ per year

B. Is this a retention and/or expansion project of an existing Dumas business?

Yes\_\_\_\_\_ No\_\_\_\_\_

a. If yes, how will this project affect existing business?

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C. What effect would the project have on the existing housing market? (describe the number of home purchases, rentals or new construction anticipated as a result of locating in Dumas):

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D. Will any zoning changes be necessary to accommodate the project? Yes\_\_\_\_\_ No\_\_\_\_\_

E. Will the company be occupying/constructing a \_\_\_\_\_new or \_\_\_\_\_existing facility?

F. Identify any other contributions that you foresee your business contributing to the Dumas community not already mentioned:

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**\*Please provide an audited financial statement. (If audited financial statement is not available, provide two previous years IRS tax statements.)**

List any DBA's or assumed names (personally and business):

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I certify that the information contained herein is true and correct.

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

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

This application should be completed and returned with the following attachments before any incentive consideration can be given. Dumas EDC shall require such financial and other information as may be deemed appropriate for evaluating the financial capacity and other factors of the applicant.

An electronic copy of this application is available at [www.dumasedc.org](http://www.dumasedc.org).

Please submit the completed request to:

Executive Director  
Dumas Economic Development Corporation  
1015 North Maddox  
P.O. Box 595  
Dumas, TX 79029

For more information, please call (806)934-3332.

Attachments: I - Authorization Form for Consumer Report;  
Attachment II - Notice to Applicants Regarding Consumer Reports.

NOTICE TO APPLICANTS  
REGARDING CONSUMER REPORTS

A consumer report and/or an investigative consumer report including information concerning your character, employment and business history, general reputation, personal characteristics, police record, qualifications, credit and indebtedness and other reports may be obtained in connection with your application for incentives or abatements with Dumas Economic Development. A consumer report and/or an investigative consumer report may be obtained at any time during the application process with Dumas EDC.

Before any adverse action is taken, based in whole or part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with my application for incentives and/or abatement consideration with Dumas Economic Development Corporation, understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, business credit, criminal records, employer verification/work history, workers and others. These reports will include experience information along with professional conduct and performance. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested.

By signing below, you hereby authorize without reservation, any party or agency contacted by Dumas EDC to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your application process. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of Dumas EDC upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Dumas EDC with any and all background information in their possession regarding you, in order that your application may be evaluated.

Print you name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business address(s): \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

DBA(s): \_\_\_\_\_

Other or former Names/Date: \_\_\_\_\_

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