



CONFIDENTIAL
Incentive Application

APPLICANT INFORMATION

Name of Firm: _____

Tax Identification # _____

Firm's primary NAICS _____ or describe business type (manufacturing, business services, industrial machinery, etc.) _____

Mailing Address _____

Telephone _____ Fax _____

Cell Phone _____ Email _____

Name of Authorized Representative: _____

Title _____

Mailing Address _____

Telephone _____ Fax _____

Cell Phone _____ Email _____

Will the Firm be locating within the Dumas city limits? YES NO

Please describe the firm's primary reason to start, expand or relocate to Dumas:

What date will operations begin? _____

PROPERTY AND FINANCIAL INFORMATION

(Please provide an audited financial statement and/or two previous years IRS tax statements)

Are copies of the audited financial statement and/or two previous years IRS tax statements attached?

YES NO

If no, please explain: _____

Please list the firm's market value for new or additional property purchased or constructed each year that will be on the local tax rolls on January 1

	Year 1	Year 2	Year 3
Land			
Buildings & Other Real Property			
Furniture, Fixtures & Equipment			

Are building & improvement costs for new construction? YES NO

Percent of construction costs for materials and labor:

Materials: _____ Labor: _____

Please list the anticipated percent of building materials to be purchased in Dumas and be subject to sales tax:

Please indicate the anticipated amount of taxable spending by construction workers in the city and subject to sales tax:

Indicate the amount of furniture, fixtures, and equipment to be purchased in the city and subject to sales tax:

List expected city permit and other fees: _____

Estimated taxable inventories, at the end of each year:

Year 1: _____

Year 2: _____

Year 3: _____

Year 4: _____

Year 5: _____

Average annual salary of new employees in the first year: _____

Percent of expected annual salary increases, after year 1: _____

Number of out of town visitors expected at the firm in the first year: _____

Percent of annual increase in the number of visitors: _____

Average number of days that each visitor will stay in the city: _____

Average number of nights that a typical visitor will stay in a hotel: _____

Number of out of town truckers expected to load or unload at the firm in the first year: _____

Percent of annual increase in the number of out of town truckers: _____

Percent of truckers who will stay one night in a local hotel: _____

Please describe the needs of the firm that you would like the Dumas EDC to consider helping with:

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

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.

Please submit the completed request to:

Executive Director

Dumas Economic Development Corporation

P.O. Box 595

900 N. Dumas Ave.

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 Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business address(s): _____

Social Security Number: _____

Tax ID Number: _____

DBA(s): _____

Other or former Names/Date: _____

Signature: _____ Date: _____