



## Incentive Checklist

**Yes No**

- Is your credit score above 675?**
- Will you be charging sales tax?**  
**If yes, how much?**
- 6.25%**       **8.25%**
- Will your business be in the city limits?**
- Have you received money from the Dumas EDC before?**
- Are you borrowing money from the bank and been approved?**  
**If yes, what amount have you been approved for?**

\$ \_\_\_\_\_

**Do you own or lease the building?**

- Own**       **Lease**

**How many new jobs will your business create?**

\_\_\_\_\_

**How much money will you be contributing yourself?**

\$ \_\_\_\_\_



**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](http://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.



**DISCLOSURE AND AUTHORIZATION – OTHER – CREDIT REPORT ONLY**

In connection with my application for doing business, (including contract or volunteer services) with \_\_\_\_\_, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, drug screen, DOT history, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

**I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S).** If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

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

**The following information is being requested in order to conduct a background check on you:**

Full Name: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Mailing Address 1: \_\_\_\_\_

Mailing Address 2: \_\_\_\_\_

Email Address (if you wish to be contacted this way): \_\_\_\_\_

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_