



Application for Tax Increment Financing Assistance

City of Shawano
127 S. Sawyer
Shawano, WI 54166
Phone: (715) 526-6138

I. General Information

Business Name: _____ Date: ___/___/___

Address: _____

City, State, Zip: _____

Business Is A: ___ Corporation ___ Partnership ___ Sole Proprietorship

Contact Person: _____

Title: _____

E-mail Address: _____

Phone: (____) _____

II. Project Information

Brief Description of the Business: _____

PROPOSED PROJECT

Business Type(s) and/or Uses: _____

Prospective Tenants: _____

Building(s) Square Footage: _____

Building Height and Materials: _____

Project Location: _____ Size of Project Area: _____

Who is/are the present owner(s) of the site? _____

What is the assessor's estimated market value of the project area now, and what will it be when the project is completed?

Current Market Value: \$ _____

Market Value Upon Completion: \$ _____

What will the estimated real estate taxes of the project be upon completion? Please respond and include your calculations on the lines provided below.

What are the anticipated starting and ending dates of project construction?

Starting Date: _____

Ending Date: _____

If a Phased Project: _____ Year, _____ % Completed

_____ Year, _____ % Completed

Will all the development costs to be reimbursed with TIF assistance be expended within five years of the project's commencement? ____ YES ____ NO

Please describe the expected general traffic impacts of the project, including (but not limited to) on and off street parking, projected auto/truck counts, traffic flow, peak traffic periods, etc.

Address _____

Phone _____

General Contractor: Name / Firm _____

Address _____

Phone _____

Legal Counsel: Name / Firm _____

Address _____

Phone _____

PROJECT COSTS

**** NOTE: DETAILED SOURCES AND USES WILL BE REQUIRED FOR REVIEW BY STAFF. ****

Please fill in the estimated project costs:

Land Acquisition \$ _____

Soil Correction/Remediation \$ _____

Demolition \$ _____

Site Grading & Excavation \$ _____

Utilities \$ _____

Road Improvements \$ _____

Curb, Gutter, Parking Lot, Sidewalks \$ _____

Building Construction \$ _____

Parking Ramp (if applicable) \$ _____

Landscaping \$ _____

Equipment \$ _____

Architectural & Engineering Fees \$ _____

Legal Fees \$ _____

Financing Costs \$ _____

Broker Costs \$ _____

Developer Fee \$ _____

Contingencies \$ _____

Other (specify on the line below) \$ _____

TOTAL USES \$ _____

Please fill in the estimated funds to be secured from each source:

Equity \$ _____

Loan Source(s) \$ _____

TIF Assistance \$ _____

Other Sources (explain below) \$ _____

TOTAL SOURCES \$ _____

Describe amount and purpose for which TIF assistance is required: _____

Please acknowledge (initial) that you have attached or enclosed the following documentation with this application:

I have submitted an itemized list of project costs for which TIF assistance is being requested (*refer to the list of Development Costs Eligible for Tax Increment Financing Assistance in the Tax Increment Finance Assistance Policy*). _____

I have also submitted project proformas indicating need for TIF assistance (i.e. with TIF assistance, and without). _____

On the lines provided below, please state specific reasons why “but for” the use of TIF assistance, this project would not be possible:

What other alternative financing sources have been sought and why are they not feasible?

What is the existing Comprehensive Plan Land Use designation and zoning of the property? Include a statement as to how the proposed development will conform to the current land use designation and how the property will be zoned, or rationale as to why changes will be necessary.

DEVELOPMENT / TIF GOALS

The City of Shawano will consider the judicious use of tax increment financing for those projects which demonstrate a substantial and significant public benefit by constructing public improvements in support of developments that will create new jobs, retain existing jobs, eliminate blight, strengthen the economic base of the City, increase property values and tax revenues, create economic stability, and stabilize and upgrade existing area.

Please use the lines provided to describe how the project proposed would meet one or more of the City of Shawano development/TIF goals.

III. Financial Background

Has the developer, developer's company, partner, or related affiliate ever filed for a bankruptcy or defaulted on a loan commitment? ____ YES ____ NO

If yes, please explain: _____

Do you have a financing commitment for the project? ____ YES ____ NO

If yes, please indicate name of financing entity, contact person, and phone number:

Please provide a background on the developer's company, principals, and history; list previous related projects and locations as well as experience of this particular development team working together (*attach any information that may be applicable*).

Please name any other municipalities wherein the applicant, or other corporations with which the applicant has been involved, has completed similar developments within the last five years:

1. Municipality: _____ Project: _____

2. Municipality: _____ Project: _____

3. Municipality: _____ Project: _____

Have you ever used tax increment financing before? ____ YES ____ NO

IV. Applicant Signature

I understand my signature below verifies that the information included in this application is true and correct to the best of my knowledge.

SIGNATURE DATE