

## Application for Business Assistance

With this application, please submit a formal letter requesting assistance. There is an application fee of \$12,000 that will be used to pay legal and financial service fee's associated with the application process. Any unused portion of this fee will be returned to the applicant if project is not approved or if applicant decides not to proceed. Application is not considered complete until application fee has been received.

APPLICANT INFORMATION		
Business Name:		
Address:		
City:		
Contact Person:		Title:
Telephone: Email    To be listed as primary on legal documents	il:	
Parent Company:		
Address:		
City:		
☐ To be listed as primary on legal documents		
Consultant Name:		
Address:		
City:		
Contact Person:		Title:
Telephone: Emai	il:	
TYPE OF SUBSIDY REQUESTED  ☐ Tax Increment Financing (TIF) ☐ Tax Aba  Type of TIF: ☐ Economic Development ☐		☐ Other
OWNERSHIP STRUCTURE & FINANCIAL HISTORY Indicate type of business:		
• •	_	rship or operates under a name other th

Proprietorship, partners, officers, directors, holder of outstanding stock of 10 percent or more of business ownership must be accounted for on the table below.

Title

% of Ownership

Name

			9
			9
			9
			9
	ever been judgments or injunctions a	against the business or owners?   Ye	es 🗆 No
_	ding litigation involved the business s, please attach summary and dispos		
	iness or the owners of the business e	ever filed bankruptcy?   Yes   No	0
Has the busi	iness or the owners defaulted on a lo	oan commitment?	
Is the busine	ess or the owners currently delinque	ent on property taxes I the City of Shako	ppee? ☐ Yes ☐ No
Are you eng	aged in international trade? 🗌 Ye	s 🗌 No	
PROJECT IN	IFORMATION		
If awarded,	what is the intended use of funds? If	possible, please provide preliminary co	ost estimates.
Project Type	e:   Expansion   Startup		
•	e facilities in other locations?		
If yes, wh	os be relocated from another Minnes ich location(s) will the jobs be reloca		

-	) is based on a total annual hours o	quivalent (FTE) employ of 2,080.	yees in Shakopee:
What is the company's cu	rrent number of Full Time E	quivalent (FTE) employ	yees in Minnesota:
Number of new FTE jobs	to be created within 2 years i	n Shakopee:	
•	to be created within 5 years i	-	
What is the hourly base w	age of the lowest paid job tha	nt will be created?	
*City requires a minimum w	base wage of \$14.50 or higher age of \$14.50 exclusive of benefits (wage of all the jobs created?	(200% of Federal Minimum 1	
Complete the following w	age/benefit table:		
Ç	Age/benefit table:  Number of Permanent  FTE Positions at this  Wage Level	Hourly Value of Health Insurance Benefits (Health and Dental)	Hourly Value of Non- Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Complete the following was well with the following was been seen as well as we	Number of Permanent FTE Positions at this	Health Insurance	Health Insurance Benefits
Complete the following was wage Levels Per Hour  Less than \$14.50	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Wage Levels Per Hour  Less than \$14.50  \$14.50 - \$14.99	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Wage Levels Per Hour  Less than \$14.50 \$14.50 - \$14.99 \$15.00 - \$16.99	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Wage Levels Per Hour  Less than \$14.50 \$14.50 - \$14.99 \$15.00 - \$16.99 \$17.00 - \$18.99	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Wage Levels Per Hour  Less than \$14.50 \$14.50 - \$14.99 \$15.00 - \$16.99 \$17.00 - \$18.99 \$19.00 - \$20.99	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Wage Levels Per Hour  Less than \$14.50 \$14.50 - \$14.99 \$15.00 - \$16.99 \$17.00 - \$18.99 \$19.00 - \$20.99 \$21.00 - \$22.99	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Wage Levels Per Hour  Less than \$14.50 \$14.50 - \$14.99 \$15.00 - \$16.99 \$17.00 - \$18.99 \$19.00 - \$20.99	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Wage Levels Per Hour  Less than \$14.50 \$14.50 - \$14.99 \$15.00 - \$16.99 \$17.00 - \$18.99 \$19.00 - \$20.99 \$21.00 - \$22.99 \$23.00 - \$24.99	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,
Wage Levels Per Hour  Less than \$14.50 \$14.50 - \$14.99 \$15.00 - \$16.99 \$17.00 - \$18.99 \$19.00 - \$20.99 \$21.00 - \$22.99 \$23.00 - \$24.99 \$25.00 - \$26.99	Number of Permanent FTE Positions at this	Health Insurance Benefits	Health Insurance Benefits (Life, Profit Sharing/Bonuses,

Total Size of the Facility:

Facility Breakdown	Total Square Feet Per Area
Manufacturing/Assembly/Processing	
Office	
Research Laboratory	
Warehouse	
Other	

Will the facility be leased or owned? ☐ Leased ☐ Owned		
Are there any environmental risks associated with the site, building, or the business itself?	☐ Yes	□ No
Have state environmental review requirements been met, if applicable? ☐ Yes ☐ No		
ESTIMATED SOURCES AND USES OF FUNDS		

\*Note: 20% of equity is required.

	Local Government	Bank	Equity	DEED	Other	Total
Property Acquisition						
Site Improvement						
New Construction						
Renovation of an Existing Building						
Purchase of Machinery & Equipment						
Public Infrastructure						
Other						
Total Project Costs						

## **ESTIMATED PROJECT TIMETABLE**

Task	Estimated Completion Date
Commitment of all Funds	
Start of Construction	
Purchase Equipment	
Complete Construction	
Begin Operations	

TAX INC	REMENT FINANCING ONLY
	oject receiving tax increment financing must meet requirements established in the City of Shakopee's Tax Increment ing Policy.
Will the	developer receiving assistance provide a minimum of 20% cash equity investment in the project?
	☐ Yes ☐ No
If new co	onstruction, will the building be at least 50,000 square feet?   Yes   No
TAX AB	ATEMENT ONLY
Any pr	oject receiving tax abatement must meet requirements established in the City of Shakopee's Tax Abatement Policy.
Will the	developer receiving assistance provide a minimum of 20% cash equity investment in the project?  ☐ Yes ☐ No
Does the	e project meet the minimum investment of \$10 million (new businesses) or \$5 million (expansions)?
	ne following information with the application. Application is not considered complete until all nts have been received.
	Provide a brief narrative of the company.
	<ul> <li>□ What is the business' competitive position in the marketplace? Briefly describe the past and present operations of the business and/or events leading up to its creation. Include when business was established and any change in controlling ownership within the last five years.</li> <li>□ Does the marketing strategy support the planned expansion or start-up?</li> </ul>
	☐ Is public assistance necessary for this project? If so, why will the project not proceed without public assistance?
	Site information, including site plan, renderings of the proposed project, narrative description of location, scope, size and type of development.
	Planning and zoning analysis: Does the project conform to the current zoning? Are any variances
	needed? If so, please identify and explain.

A professional analysis of the company's financials may be required and would need to include review of the following information: Three years historical financial information: Balance Sheets, Profit and Loss Statements and Cash Flow Statements.

## NOTICE TO THE COMPANY: DATA PRACTICES ACT

The information that you supply in your application to the City of Shakopee/Shakopee EDA ("City") will be used to assess your eligibility for financial assistance. The City will not be able to process your application without this information. The Minnesota Government Data Practices Act (Minnesota Statutes, Chapter 13) governs whether the information that you are providing to the City is public or private. If financial assistance is provided for the project, the information submitted in connection with your application will become public, except for those items protected under Minnesota Statutes, Section 13.59, Subdivision 3(b) or Section 13.591, Subdivision 2.

I have read the above statement and I agree to supply the matters contained in this notice. I certify that the informative and accurate.	,
Signature / Title	Date

is

## **BUSINESS SUBSIDY REIMBURSEMENT AGREEMENT**

THIS AGREEMENT is made as	s of the day of, 20, by and between the CIT
OF SHAKOPEE, MINNESOTA (the "C	City"), a Minnesota municipal corporation, and, a
(the "Applie	cant").
	WITNESSETH:
WHEREAS,	has made application for Business Subsidy for a project located
(the "Project	ct"); and
WHEREAS, the City of Shakop Schedule; and	ee has collected the review fee of \$12,000 as required by the City's adopted Fee
WHEREAS,	has agreed to reimburse the City for the costs of the preparation and
review of the Business Subsidy application	ion over and above the \$12,000 application fee.
NOW THEREFORE, in considerable herein, the parties agree as follows:	eration of the foregoing and of the mutual covenants and obligations set forth
	rse the City for the costs actually incurred by the City in the preparation and
	ion for the Project. Payment shall be due 10 days after written evidence
	has been provided to that such costs
	Termination of this Agreement shall not impair the obligation of easonable costs actually incurred by the City for the preparation of the Business
Subsidy application before the date of to	
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APPLICANT'S NAME	
Ву:	Date:
Title:	
CITY OF SHAKOPEE	
By:	Date:
Title·	