



EST. 1872

City of Hampton

ENTERPRISE ZONE APPLICATION

City Hall
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Hampton, GA 30228

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MAYOR
ANN N. TARPLEY

MAYOR PRO-TEM
MARTY MEEKS

CITY COUNCIL
SHEILA BARLOW
HENRY BYRD
DEVLIN CLEVELAND
MARY ANN MITCHAM
WILLIE TURNER

CITY MANAGER
ALEX S. COHILAS

Project Name: _____
(The exact legal name under which the business is applying for designation)

Street Address: _____
(Location of the qualified business within the Enterprise Zone)

Tax Parcel ID Number(s): _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

If constructing a new facility and address is not available, state and provide address to the Office as soon as it is available. The address must be provided to the Office before the project is eligible for benefits.

Local Business Liaison
(Local contact person at qualified business site)

Primary Business Representative
(Primary Business Representative with Signature Authority as Identified in Corporate Resolution)

Name		
Title		
Organization		
Street Address		
Main Address		
City/State/Zip		
Telephone		
Email Address		

Parent Company: _____
(If Applicable)

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

(For Department Use)

(For Applicant Use)

Complete

Incomplete

If complete,
initial and attach

		Financial supporting documentation If applicable, example bank commitment letters.	
		Three years of financials; Must include income statements	
		IF a start-up business, submit three years of projections and supporting documents	
		Evidence of property access., i.e., copy of warranty deed or executed lease agreement.	
		City of Hampton business license or application	

<p>Business Type:</p> <p>Federal Tax ID Number: _____ SIC Code (4 digits): _____</p> <p>Business Type: _____ (Manufacturing, Service, Etc.)</p> <p>Primary Product: _____</p>
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<p>Applicant Type</p> <p>New Jobs Exporter Retained Jobs Non-Exporter New & Retained Jobs</p>	<p>Benefit Type</p> <p>Renovate Existing Facility New Facility Expand Existing Facility Machinery</p>
<p>Recruitment Type (Out-of-state)</p> <p>Expansion Consolidation Relocation Start-up</p>	<p>Retention Type (Local)</p> <p>Expansion Consolidation Relocation within Georgia Upgrade Process/Equipment</p>

Source of Funding for Project:

(Provide sources of payment and supporting documents, i.e. bank commitment letter, etc.)

Project Capital Investment: (To be made in the one over the entire 10-year period)

Land:	\$ _____
Buildings:	\$ _____
Manufacturing Machinery:	\$ _____
Other Machinery and Equipment:	\$ _____
Other:	\$ _____
Grand Total:	\$ _____

Business Projected Dates & Milestones

Construction Start Date:	_____
Construction Completion Date:	_____
Operations Start Date:	_____
Date Begin Hiring New Employees:	_____
Purchase of machinery and Equipment:	_____

Note: You may replicate this page on computer or substitute company documents and substitute the replicated page as part of the application. Please provide concise and informative answers.

The Business: Provide an introduction, history, and description of the qualified business, its products, services, total sales, number of employees, locations (international, national, and in Georgia), description of primary materials purchased, product transportation, etc.

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Project Description:

I hereby certify that all information is true to the best of my knowledge. I further acknowledge that by filing the application and accepting the incentives granted I agree to undertake the project as described. Falsification of documents or failure to carry out the project may result in revocation of incentives and/or penalties under law

Signature

Date

Title