



Community Development Department

101 14th ST • Cloquet MN 55720

Phone: 218-879-2507 • Fax: 218-879-6555

www.cloqueteda.com

**TAX INCREMENT / TAX ABATEMENT FINANCING
FINAL APPLICATION**

Date: _____

1. Applicant:

Business Name _____

Address: _____

Address: _____

Primary Contact Person

Name: _____

Title: _____

Telephone # _____

Fax # _____

Email: _____

General Information:

Business Form: Corporation Partnership Sole Proprietorship

State of Incorporation or Organization: _____

Years in Business: _____

Years a Cloquet Business: _____

2. Brief description of the business:

3. Proposed project site:

Location/Address: _____

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- a. Location
Attach (and label as **Exhibit A**) information which fully described and illustrates the location and boundaries of the proposed project. Include map(s), legal description(s), property identification numbers, addresses, and area (in sq. ft. or acres).

- b. Ownership and Legal Structure
Attach (and label as **Exhibit B**) the full name(s) of the entity(s) which will own the project, and fully describe their legal structure (i.e. principals, ownership interests, liability, relationship to parent organization, subsidiaries, etc.). If available, provide federal and state tax ID #'s.

- c. Zoning and Planning Analysis
Attach (and label as **Exhibit C**) information which described the current and proposed zoning, variances required, property consolidations or subdivisions, etc.

4. Estimated Project Costs:

a. Land Acquisition	\$ _____
b. Site Development	\$ _____
c. Building Cost	\$ _____
d. Equipment	\$ _____
e. Architectural/Engineering Fees	\$ _____
f. Legal Fees	\$ _____
g. Financing Costs	\$ _____
h. Broker Costs	\$ _____
i. Contingencies	\$ _____
j. Other (please specify)	\$ _____
Total Costs	\$ _____

5. Market Value:

Total current market value prior to construction: \$ _____
Total estimated market value at completion: \$ _____

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6. Description of proposed project:

(Building square footage, size of property, description of buildings, materials, etc.)

7. Sources of Financing:

a. Developer Equity	\$
b. Bank Loan/Private Financing Institution	\$
c. Tax Abatement	\$
d. Tax Increment Financing	\$
e. Other Public Funds (please specify)	\$
f. Other (please specify)	\$
Total Sources	\$

8. Requested Tax Abatement Assistance:

a. Form of tax abatement financing assistance requested:

- Pay as you go
- Bond Issuance

b. Requested tax amount to be abated: \$ _____ per year

c. Requested duration of abatement: _____ years

d. Has a tax abatement application been submitted to the County or School District? Yes No

If yes, please provide details of the requested abatement.

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- e. Description of expected financial benefit to the City and statement of justification for the use of Tax Abatement:

- f. If tax abatement is not provided, will the project; (1) proceed as previously described utilizing other financing; (2) proceed in some alternative form; or (3) not proceed at all? If the project will not proceed in some alternative form, provide a summary below:

- g. Proposed use of abatement funds: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Building Improvements | <input type="checkbox"/> Building Expansion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Equipment Purchases | <input type="checkbox"/> Infrastructure/Utilities | <input type="checkbox"/> Assessments |
| <input type="checkbox"/> Site Improvements | <input type="checkbox"/> Land Acquisition | <input type="checkbox"/> Demolition/Cleanup |

9. Requested Tax Increment Financing Assistance:

- a. Form of tax increment financing assistance requested?

- Pay as you go
- Bond issuance

- b. Describe the amount and purpose of the tax increment assistance.

- c. Description of expected financial benefit to the City and statement of justification for the use of TIF.

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- d. If tax increment financing is not provided, will the project; (1) proceed as previously described utilizing other financing; (2) proceed in some alternative form; or (3) not proceed at all? If the project will not proceed in some alternative form, provide a summary below:

10. Professional services of applicant:

Architectural Firm: _____
Contact Person: _____
Address: _____
Address: _____
Telephone # _____
Fax # _____

Engineering Firm: _____
Contact Person: _____
Address: _____
Address: _____
Telephone # _____
Fax # _____

General Contractor: _____
Contact Person: _____
Address: _____
Address: _____
Telephone # _____
Fax # _____

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Attorney Firm: _____
 Contact Person: _____
 Address: _____
 Address: _____
 Telephone # _____
 Fax # _____

Accounting Firm: _____
 Contact Person: _____
 Address: _____
 Address: _____
 Telephone # _____
 Fax # _____

11. Project construction schedule:

- a. Anticipated construction start date: _____
- b. Construction completion date: _____

If construction will not be completed at year end, what % of construction will be completed by year end? _____ %

12. Current and projected employment:

<u>Type</u>	<u>Existing Jobs</u>	<u>First Year</u>	<u>Second Year</u>	<u>Average Hourly Wage</u>	<u>Benefits</u>
Professional/Managerial	_____ FT _____ PT	_____ FT _____ PT	_____ FT _____ PT	\$ _____ \$ _____	_____ _____
Technical/Skilled	_____ FT _____ PT	_____ FT _____ PT	_____ FT _____ PT	\$ _____ \$ _____	_____ _____
Unskilled/Semi-skilled	_____ FT _____ PT	_____ FT _____ PT	_____ FT _____ PT	\$ _____ \$ _____	_____ _____

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13. Financial Background:

- a. Have “you” personally, your partnership, or your company ever filed for bankruptcy? Yes No If yes, provide details on a separate sheet.

- b. Have “you” personally, your partnership, or your company ever defaulted on any loan commitment for these projects? Yes No If yes, provide details on a separate sheet.

- c. Have you applied for conventional financing for the project? Yes No If no, explain why not on a separate sheet. If yes, provide details on a separate sheet.

- d. List financial references (include contact person and phone #):

Reference:	Phone #

- e. Have you ever used tax increment financing before or requested financial assistance from a public source? Yes No
If yes, where and when? _____

14. Additional Project Information Required for Application (please attach).

- a. Description

Attach (and label as **Exhibit D**) a complete description of the proposed project. If the project will proceed in phases, then provide information for each phase as well as the total project. Minimally provide the following information:

- (1) Do you have control of the project site? Explain in detail.
- (2) Details of all known or suspected environmental issues with the site. Has any testing been completed or is underway?
- (3) Type of project (retail, office, industrial, rental housing, home ownership, etc.)

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- (4) New construction or rehabilitation/renovation. If renovation, provide details.
- (5) Description of structures which will need to be demolished.
- (6) Description of owners/tenants which will need to be relocated.
- (7) Details of any historic preservation designations and/or related issues.
- (8) For commercial/industrial:
 - Number and size of structures (sq. ft.)
 - Type of construction and materials
 - Terms of sale (if applicable)
 - Details/terms of signed leases (rates, duration, etc.)
 - Projected terms for space not currently under lease
 - Details of any market studies completed or underway
- (9) For ownership housing:
 - Type, number, and size of units (sq. ft. & number of bedrooms)
 - Type of construction and materials
 - Anticipated sales price
 - Details of any market studies completed or underway
- (10) For rental housing:
 - Type and size of buildings (# floors, units, etc.)
 - Type of construction and materials
 - Size of units (sq. ft.) and number of bedrooms
 - Description of building/unit amenities
 - List of utilities included with rent
 - Monthly rental rates by unit type
 - Details of any market studies completed or underway
- (11) Schematic plans and drawings of the project.

b. Development Budget (Sources and Uses) - During Construction Period

Attach (and label as **Exhibit E**) a complete development budget for construction of the project. This budget should include a detailed listing of all sources and uses of funds.

For each “use” of funds, indicate the methodology or means by which this estimated cost was derived (i.e. appraisal, contractor estimate, 4% of hard costs, actual cost, etc.)

For each “source” of funds (debt, equity, public assistance, etc.), indicate the status of the funding source (committed, pending, projected, etc.), and the actual or anticipated financing terms/details.

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- c. Development Budget (Sources and Uses) - Permanent Financing

If ownership of the project is being retained by the applicant (or affiliate or subsidiary) and permanent financing will be obtained, attach (and label as **Exhibit E1**) a complete development budget upon permanent financing.

- d. Operating Cash Flow Proforma (10 year)

If ownership of the project is being retained by the applicant (or affiliate or subsidiary), attach (and label as **Exhibit E2**) a projected 10 year operating cash flow proforma for the project. The proforma should clearly identify all assumptions, and should provide a detailed listing of all anticipated revenues, expenses, capital contributions/distributions, etc. The cash flow should clearly identify "Net Operating Income (NOI)", "Cash Flow Before Taxes (CFBT)", and "Cash Flow After Taxes (CFAT)."

- e. Payment of Application Fee (TIF - \$15,000; Tax Abatement - \$5,000)

- f. Signed authorization allowing City/EDA to check background of personnel involved in project.

15. Signatures:

I declare that any statement in this application or information provided herein is true and complete in substance and in fact. Also, I authorize this information to be released to the appropriate agencies that may be able to assist in this request. Finally, I acknowledge and agree that the application deposit associated with the request for public financial assistance is non-refundable.

Name of Business: _____

By: _____

Title: _____

Date: _____

**APPLICATION FOR
TAX INCREMENT / TAX ABATEMENT FINANCING
RELEASE AUTHORIZATION**

(A separate form must be signed by all partners, officers, owners, or shareholders of the applicant for tax increment / tax abatement financing)

Date: _____

Applicant Name: _____

Applicant hereby affirms that all information provided to the Cloquet Economic Development Authority relative to all applications submitted for Tax Increment Financing (TIF) / Tax Abatement consideration are true and complete to the best of the applicant's knowledge. Applicant further agrees that falsified information or significant omissions on either this application or others supporting documents may disqualify the applicant for further consideration for TIF / Tax Abatement from the City of Cloquet. Applicant hereby authorizes the Cloquet Economic Development Authority to investigate all statements, financial institutions commercial and/or private partnerships, credit ratings, or other records as may be necessary for the EDA to determine an appropriate recommendation of the Tax Increment Financing / Tax Abatement application.

Applicant hereby authorizes release of personal, financial, or business records to the Cloquet Economic Development Authority. Applicant hereby releases any individuals or institutions releasing information from all liability for damages that may arise from furnishing this information.

Applicant's Signature: _____

Applicant's Name (printed): _____

Title of Applicant: _____

Date: _____