



APPLICATION FOR TAX ABATEMENT
NEW MANUFACTURING EQUIPMENT

This completed application, including a map identifying the general location, should be signed by the owner (or representative) of the new real property improvements and submitted to:

Muncie City Council
c/o Muncie Economic Development Commission
300 N. High Street
Muncie, IN 47305
Phone: (765) 747-4853

Please type or print.

Date: _____ Name of Company: _____

1. Address of Property: _____

2. Township: _____

3. Legal Description: _____

4. Property Owner(s):

Name _____

Address _____

5. Owner's Representative:

Name _____

Address _____

6. Is property/facility served by adequate utilities? Yes _____ No _____

7. Are present utilities adequate for new equipment? Yes _____ No _____

8. If not, explain: _____

9. Briefly describe the use of the new equipment and its purchase price: _____

10. Tax Assessment and Payment:

Amount of last business personal property assessment: \$ _____

Amount of last business personal property taxes: \$ _____

(Please attach a copy of your latest paid tax receipts to this form)

APPLICATION FOR TAX ABATEMENT ON TANGIBLE PERSONAL PROPERTY PAGE 2

11. Total number of employees currently working for the company: Full-time _____
Part-time _____ How long before they become full-time? _____
12. Number of Minorities: _____ Number of Females: _____ Number of Disabled: _____
13. What percentage of employees are City of Muncie residents? _____%
14. Number of new employees to be added as a result of the abatement: _____
15. Number of jobs retained as a result of the project: _____ Actual (+-) jobs _____
16. Please answer the following additional questions regarding the total compensation package:

Fringe Benefits:

Health Insurance (Y or N) _____; % paid by employer: _____% % paid by employee: _____%
Pension (Y or N) _____; % paid by employer: _____% % paid by employee: _____%

Wage Package:

Starting Wage: \$ _____; High Wage: \$ _____; Average Wage: \$ _____

Wages Package (including benefits):

Starting Wage: \$ _____; High Wage: \$ _____; Average Wage: \$ _____

17. Does applicant intend to seek any further additional relief from property taxes on this property? (Y) (N)
If yes, please explain _____

18. What is the expected depreciable life expectancy and type of equipment upon which the abatement is being sought (each piece of equipment if more than one)? _____

Applicant agrees that in consideration of the mutual performance of the process associated with the grant of the tax abatement by the Applicant and the City of Muncie, Indiana, and the grant of the abatement sought, the applicant agrees and warrants that the Applicant is aware of, and will comply with any and all procedures and criteria as set forth under State Law or by Ordinance of the City of Muncie. It is expressly understood and agreed that such procedures and criteria include, but are not limited to, compliance requirements, wage requirements, and addition and retention of employees.

I swear or affirm under penalties for perjury that the above information and representations on this application and Form SB-1 / PP are true and complete.

Name Title Date

Notary Public

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

Resident of _____ County, Indiana.

My Commission Expires:

NOTICE: Your signature above indicates that you are aware that you must annually file both Form CF-1 (Compliance with Statement of Benefits), and Form 103 ERA/PP accompanied by Form 103 EL by the dates indicated on the respective forms in order to actually receive your deduction