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2013-2038

Sullivan Enhanced Enterprise Zone

Pre-Qualification Application for Local Tax Abatements

| | | |
|--|----------------------------------|--|
| Please Type or Print | Name of Business / Company | FEIN |
| | | MITTS |
| Address of Proposed Development / Improvement | | |
| County Parcel Number | | Facility NAICS Code |
| Tax Abatement Applying for: <input type="checkbox"/> Enhanced Enterprise Zone <input type="checkbox"/> Chapter 100 – Industrial Development | | Effective Date: Tax Year Beginning _____ Ending _____ |
| Description of project / development: | | |
| Estimated Completion Date of construction / expansion: | | Total Project Cost Real Property _____ Personal Property _____ |
| Benefits to the City and / or County: (# of jobs created, salaries, benefits, etc.) | | |
| Corporate Contact (Print Name) | Title | Address |
| Signature | Date | City, State, Zip Code |
| Under penalty of perjury, I declare that I have examined this application and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. | | |
| Mail or email all applications & related inquiries to: Enhanced Enterprise Zone Board ATTN: City Administrator J.T. Hardy 210 W. Washington Sullivan, MO 63080 jthardy@sullivan.mo.us | <u>For Staff Use Only</u> | |
| | | Approved by: _____ Title: _____ Date: _____ Abatement at _____% for _____ years |
| Distributed to: _____ County Assessor, _____ County Clerk, List any tax districts that request a copy, etc. | | |