# Tax Incremental Financing Application



Department of City Development

Please complete and submit the following information to the Department of City Development (DCD) for a more detailed review of the feasibility of your request for Tax Incremental Financing (TIF) by staff of various City departments and the Redevelopment Authority of the City of Milwaukee (RACM), as well as consultants retained for the purpose of analyzing this application. The application is comprised of four parts: Applicant Information, Project/Property Information, Project Budget/Financing Strategy and Buyer Certification and Acknowledgement. Where there is not enough room for responses provided, please use an attachment.

## **Applicant Information**

Legal Name	-						
Mailing Addres	s _						
	-						
Primary Contac	t _				Telephone:		
Email	-				FAX:		
Attorney	-						
Legal Entity	☐ Individual(s	,	int Tenants artnership	☐ Tenants in C☐ Other:			poration
If not a Wiscons	sin corporation/p	artnership/I	LLC, state where	organized:			
Will new entity	be created for ov	wnership? [	☐ Yes ☐ No				
Principals of ex Name	isting or propose	d corporatio	on/partnership/L Address	LC and extent of	ownership in <u>Title</u>	nterest.	<u>Interest</u>
member of the	nember, stockho immediate famil If yes, give the n	y of any su	ch person, an er	nployee of the C	City of Milwa	ukee?	
	e principals of th r a felony?   Y						

#### Please attach:

- Resumes of principles
- Articles/Bylaws/Partnership agreement of corporation/partnership/LLC
- A list of properties in the City of Milwaukee in which buyer has an ownership interest either as an individual or as part of a corporation/partnership/LLC.

# **Project/Property Information**

Describe project/proposed use:				
		SF	# Stories:	Basement □ Yes □ No # Parking Spaces
Will project incorpora	te any "sustainable" cor	ncepts?		
Will a zoning change l	be requested?			
Identify other approva	ls, permits or licenses (	e.g., BOZA	A, Health Departmer	nt, etc.):
Discuss neighborhood	impact/support:			
Developer	m			
Community Partners				
Architect				
Contractor				
Sales Agent/Property l	Manager			
Other Members				
Describe team expertis	se and experience			
Other Team Projects			_	
	Business Enterprise (EB			t or \$
Potential contactors (n	name and/or type)			

### **Job Impact Statement**

Current and Created Jobs by Annual Wage Range (Full Time ≥ 30 hours/week)

\$0-15,000: Full Time (current) Part Time (current)	Full Time (created)	Part Time (created)			
\$15,000-35,000: Full Time (current) Part Time (current)	Full Time (created)	Part Time (created)			
\$35,000- 50,000: Full Time (current) Part Time (current)	Full Time (created)	Part Time (created)			
\$50,000 +: Full Time (current) Part Time (current)	Full Time (created)	Part Time (created)			
Totals = Full Time (current) Part Time (current)	Full Time (created)	Part Time (created)			
How many employees are minorities?	How many employees a	re female?			
How many employees live in the City of Milwaukee?					
Percentage of Health Insurance Premium Paid by Company:% (Individual)% (Family)					
Average Deductible Paid by Employee: \$(Individual) \$(Family)					
Other Benefits Provided to the Majority of the Workforce (Life, Pension, Tuition Reimbursement, 401(k), Childcare):					
Will new Employees be provided with substantially the same beenfits as described above? ☐ Yes ☐ No					
Project Timetable Final Plan/Specification Preparation					
Bidding & Contracting					
Firm Financing Approval					
Construction/Rehabilitation					
Landscaping/Site Work					
Occupancy/Lease Up					

#### Please Attach:

- Evidence of site control, if any
- Leases and pre-lease commitments, if any
- Preliminary site and building plans/elevations, if available
- Phase I Environmental Assessment, if available
- Appraisal, if available

# **Project Budget and Financial Strategy**

Property Acquisition (public & pri	\$				
Environmental testing/remediation (Buyer's share)					
Hard construction/rehabilitation costs					
-		\$ \$			
-					
	☐ Other	\$			
_					
Property purchase will be Construction/rehabilitation will be	☐ Financed ☐ Financed	□ Cash □ Cash			
	Preapproved □ Yes □ N	0			
Grants involved? □ Yes □ No Sources:					
Application status:					
Likelihood of award:					
Other funding:					
	Environmental testing/remediation  Demolition (if applicable)  Hard construction/rehabilitation co  Soft costs – architectural fees, perr  Financing fees  Developer fee  Total cost  eveloper	Demolition (if applicable)  Hard construction/rehabilitation costs  Soft costs – architectural fees, permits, misc.  Financing fees  Developer fee  Total cost  Eveloper			

#### Please attach:

- Analysis justifying why TIF is necessary
- Loan pre-approval or commitment letter
- Historical and projected financial statements for project
- Personal financial statements of principals
- Schedule of existing debt

## **Buyer Certification and Acknowledgement**

I acknowledge being informed that the City of Milwaukee (City) will, upon request by a member of the public or in the course of reporting its activities to the public, disclose the names of persons requesting TIF, the amount of TIF requested, federal programs used, if any, and the development impact of the TIF requested (jobs created, tax base impact and total project investment). I have been assured by DCD and RACM, and I understand, that other financial information provided by me in connection with this application or with TIF assistance, if any is given (including, but not necessarily limited to business and personal financial statements, business operating statements, data on historical and projected future sales or other aspects of business performance, and business plans) will, to the extent permissible by law, and except for use in collection proceedings, if any, be treated as confidential. This will confirm that I have relied upon such assurance by DCD and RACM in providing financial information for this application, and that, but for such assurances, such information would not be provided.

I certify that the information contained in this application is, to the best of my knowledge, true and correct. I authorize the City or its consultants to verify the information obtained in this statement and to obtain additional information concerning the applicant(s) financial condition, although the City may rely on this information without any further verification. I agree to notify the City, in writing, of any changes that materially affect the accuracy of this statement.

Signature	Signature
Title	Title
Date	Date

#### A \$5,000, non-refundable, review fee is required with the submission of this application.

If DCD staff determines that this project meets the goals and guidelines of the City of Milwaukee, an additional \$10,000 fee will be required to cover the costs of a full analysis of the requested TIF. In addition, if DCD engages an independent consultant to review the application, applicant must pay for all third-party costs incurred. If the TIF district is created, the \$10,000 fee and third-party costs may be eligible for reimbursement through the TIF. If you have any questions, please contact Jim Scherer at 286-5850.

Return To: Department of City Development

Attn: Rocky Marcoux 809 North Broadway P.O. Box 324

Milwaukee, WI 53201-0324