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				Tele	phone: _		
Email					FAX	C:		
Attorney								
Legal Entity	☐ Individual(s	/	nt Tenants artnership	☐ Tenants in ☐ Other:				poration
If not a Wiscon	sin corporation/p	oartnership/L	LC, state when	re organized:				
Will new entity	be created for o	wnership?] Yes □ No	,				
Principals of ex Name	isting or propose	-	n/partnership/l <u>Address</u>	LLC and extent		ership int <u>Title</u>	terest.	<u>Interest</u>
		<u> </u>						
member of the	member, stockho immediate fami If yes, give the i	ly of any suc	h person, an e	employee of the	Cityo	f Milwaı	ukee?	•
	e principals of the rafelony?							

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:					
Property Summary:	Building Area: Land Area:	SF SF	# Stories: # Units:	Basement D Yes D No # Parking Spaces	
Will project incorpora	te any "sustainable" con	ncepts?			
Will a zoning change b	oe requested?				
Identify other approva	ls, permits or licenses (e.g., BOZ	A, Health Departi	ment, etc.):	
Discuss neighborhood	impact/support:				
Development Tea Developer	m				
Community Partners					
Architect					
Surveyor			·		
Contractor					
Sales Agent/Property 1	Manager				
Other Members					
Describe team expertis	se and experience				
Other Team Projects _					
Estimated Emerging D	Pusinass Enterprise (ED	E) Hao	0/ of total bus	dent or \$	
				lget or \$	
Potential contactors (n	ame 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 p	rovided with substantially	the same beenfits as described	d above? □ Yes □ No			
Project Timetable Final Plan/Specification	on Preparation					
Bidding & Contracting	9					
Firm Financing Appro	val					
Construction/Rehability	tation					
Landscaping/Site Wor	·k					
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

Budget Summary:	Property Acquisition (public & pri	ivate)	\$			
Environmental testing/remediation (Buyer's share)			\$			
	Demolition (if applicable)					
	Hard construction/rehabilitation costs					
Soft costs – architectural fees, permits, misc.			\$ \$			
	Financing fees		\$			
	Developer fee		\$			
	Total cost		\$			
Budget source: □ □	Developer	☐ Other				
Attach detailed summary or pro-forma income analysis as necessary.						
Financing	Property purchase will be Construction/rehabilitation will be	☐ Financed ☐ Financed	□ Cash □ Cash			
Lender:						
Loan Amount \$		Preapproved □ Yes □	No			
Grants involved? □	Yes □ No					
Sources:						
Application status	::					
Likelihood of awa	ırd:					
Other funding:						

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