



## ENTERPRISE ZONE INCENTIVE APPLICATION

### BUSINESS INFORMATION

Business Name \_\_\_\_\_ NAICS # \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Email \_\_\_\_\_  
Property Address \_\_\_\_\_  
Product/Service \_\_\_\_\_

*Base year is defined as either of the 2 calendar years immediately preceding the first year of qualification.*

Base Year \_\_\_\_\_ Base Year Employment \_\_\_\_\_  
Current Year \_\_\_\_\_ Current Employment \_\_\_\_\_

### INCENTIVES

#### (1) Real Estate Tax Grant

Please check the appropriate box:

Plant Modernization       Plant Expansion       New Construction

Tax Year:

Year 1 - 100%    Year 2 - 50%    Year 3 - 50%    Year 4 - 50%    Year 5 - 50%

Base Tax Year \_\_\_\_\_ Base Year Taxes Paid \$ \_\_\_\_\_

Current Year \_\_\_\_\_ Current Year Taxes Paid \$ \_\_\_\_\_

Real Estate Tax Grant Requested \$ \_\_\_\_\_

*(Attach receipts to show base year taxes and current year taxes have been paid)*

#### (2) Machinery/Tools/Business Equipment Tax Grant

Please check the appropriate box:

Equipment Modernization       Expansion       New Operation

Tax Year:

Year 1 - 100%    Year 2 - 50%    Year 3 - 50%    Year 4 - 50%    Year 5 - 50%

Base Tax Year \_\_\_\_\_ Base Year Taxes Paid \$ \_\_\_\_\_

Current Year \_\_\_\_\_ Current Year Taxes Paid \$ \_\_\_\_\_

Machinery/Tools/Business Equipment Tax Grant Requested \$ \_\_\_\_\_

*(Attach receipts to show base year taxes and current year taxes have been paid)*

**(3) Waiver of Water Connection Charges**

Size of service needed: \_\_\_\_\_

Location of water service: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Peak Demand: \_\_\_\_\_

Domestic Service

Process Service

**(4) Business Professional Occupation License Fee Rebate**

*Additional Application for City License is required.*

Please check:  Individual/LLC  Partnership/LLC  Corporation/LLC

Business Classification/Description: \_\_\_\_\_

Business Start Date: \_\_\_\_\_ License Year \_\_\_\_\_

Calendar Year Business  Fiscal Year Business \_\_\_\_\_

Estimated gross receipts for the current tax year \$ \_\_\_\_\_

*Estimates are subject to update upon verification of required Federal Schedule C, 1065 or 1120.*

Business License Fee Paid \$ \_\_\_\_\_ Adjustments \$ \_\_\_\_\_

Total Business Professional Occupation License Fee Rebate Requested \$ \_\_\_\_\_

*(Attach receipts to show License Fee and all applicable taxes have been paid)*

**(5) Partial Exemption from Taxation of Substantially Rehabilitated Real Estate**

Please check the appropriate box:

Rehabilitation

Renovation

Replacement

Year Structure Built \_\_\_\_\_

Original Square Footage \_\_\_\_\_ Current Square Footage \_\_\_\_\_

Tax Year:

Year 1 - 100%  Year 2 - 50%  Year 3 - 50%  Year 4 - 50%  Year 5 - 50%

Base Tax Year \_\_\_\_\_ Base Year Taxes Paid \$ \_\_\_\_\_

Current Year \_\_\_\_\_ Current Year Taxes Paid \$ \_\_\_\_\_

Rehabilitated Real Estate Tax Grant Requested \$ \_\_\_\_\_

*(Attach receipts to show base year taxes and current year taxes have been paid)*

**(6) Building Permit Fee Waiver**

*Additional Application for Permit to Build required when permit issued.*

Permit Type \_\_\_\_\_

Work to be Completed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Permit Fee Waived \$ \_\_\_\_\_

**D E C L A R A T I O N S**

I hereby declare that, to the best of my knowledge and belief, the information contained in this application is true and accurate and that I am authorized to act on the behalf of the business. I understand that any refunds or credits to which the business/property owner may be entitled shall first be used to satisfy any delinquent debts owed to the City. I also understand that any false or misleading information provided by me or the business may result in the loss of incentives. I understand that failure to submit required forms and meet required deadlines will result in forfeiture of the incentive offered.

I hereby authorize the City of Martinsville Commissioner of the Revenue to disclose to the City of Martinsville Enterprise Zone Administrator all information regarding the gross receipts or purchases of the business and/or the amount of machinery and tools owned by the business for the period that the business is eligible for Enterprise Zone incentives. Further, I authorize the Enterprise Zone Administrator to disclose this information to the Virginia Department of Housing and Community Development for reporting purposes. I understand that this information will not be released to any other person or department.

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Signature

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Title

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