

## **BUSINESS INCENTIVE APPLICATION**

## Welcome to the City of Chandler!

By working closely with you, the Chandler EDC will develop a tailor-made incentive package that will meet your company's unique needs, creating the foundation for sustainable business success. Whether you're starting a new business, relocating, or expanding, we'll do our best to help you limit capital expenditures, relocation costs and overhead. We look forward to a lasting partnership and welcome your interest in our community!

Today's Date:	
Business or Project Name:	
Address:	
Phone:	
Email:	
What is the primary NAICS code for your business/project? (www.nai	cs.com)
Describe the nature of your business or project:	
What is the value of your current investment in Chandler? \$	
How much will you invest in the next five years?	
Real Property: \$ Personal Property: \$_	
What percentage of construction costs will be purchased in Chandler?	%

What is your estimated total inventory value? \$  What is your total inventory value – Freeport Exempt Value? \$			
What are the typical annual expend	ditures and the typical usage for	r the following utilities:	
Water: \$	gallons/month		
Wastewater: \$	gallons/month		
Telephone: \$	number of lines		
Electricity: \$	kWh/month		
Natural gas: \$	BTU/month		
Fiber/Broadband: \$			
Estimated value of sales that will be	e subject to Chandler sales tax?	\$	
How many full-time employees cur	rently work for the business in	Chandler?	
How many new, full-time employee	es will you hire during the next	five years?	
How many of those employees will	move to Chandler?		
How many full-time employees will	l be paid hourly?	<del></del>	
What is the average hourly wage for	or these employees? \$	/ hour	
How many full-time employees will	l be salaried?		
What is the average annual wage for	or salaried employees? \$	/year	
How many part-time employees cu	rrently work for the business in	Chandler?	
How many new part-time employe	es will you hire during the next	five years?	

How many out of town visitors do you expect to visit your company?/ wee	k
How many truck deliveries do you expect?/week	
Name:	-
Title:	_
Signature:	-
Phone:	_
Email:	_
Name of contact person for annual certification?	-
Title:	_
Address:	_
Phone:	_
Fax:	_
Email:	_

Thank you for your application! We look forward to working with you.

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