**Winnsboro Economic Development Corporation**

**Application for Incentives in Winnsboro, TX**

**Applicant Information (entity in which an agreement will be made)**

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| --- | --- |
| Applicant Company Name |  |
| Company Representative |  |
| Title |  |
| Mailing Address |  |
| City, State, Zip |  |
| Telephone |  |
| Email |  |
| Website Address |  |

**Tenant Representative (if any)**

|  |  |
| --- | --- |
| Title |  |
| Company Name |  |
| Mailing Address |  |
| City, State, Zip |  |
| Telephone |  |
| Email |  |

**Property Owner**

|  |  |
| --- | --- |
| Property Owner’s Representative |  |
| Title |  |
| Mailing Address |  |
| City, State, Zip |  |
| Telephone |  |
| Email |  |

**Incentive Applicant is Seeking**

|  |  |
| --- | --- |
| Rental Assistance Program |  |

**Rental Assistance Program**

The Rental Assistance Program, sponsored through the WEDC, will seek to assist in the initial cost of rent for a business owner for no longer than one year. This incentive will be based off the total rent for each applicant, where a percentage of rent paid will be decided upon at the discretion of the WEDC. Rental Assistance checks will be mailed to the building owner at the first of the month.

Requirements for the program include, but are not limited to:

* Summary of business plan, including the proposed site, hours of operation and estimated number of jobs created
* Projected employment, including permanent full time, permanent part time and average wage
* Detailed budget including what the requested funds will be used for, projected 3 years annual sales and local sales tax paid annually
* Amount of funds requested or assistance requested
* Projected economic impact
* Plans for funding maintenance and operations at the proposed site/project

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| **Any application received without all the above Additional Information attached will be considered an incomplete application and will not be considered for incentives.** |

**APPLICATION MUST BE SUBBMITTED BEFORE WORK BEGINS**

I certify that the information contained in this application (including all attachments) to be true and correct to the best of my knowledge. I further certify that I have read the “City of Winnsboro Tax Abatement Policy-Guidelines and Criteria” and agree to comply with the criteria and guidelines therein.

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Signature Title

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Printed Name Date