

# HILL COUNTY, TEXAS



## **APPLICATION FOR TAX ABATEMENT**

### **NOTICE TO ALL PERSONS REVIEWING THIS APPLICATION:**

Pursuant to Section 312.003 of the Texas Tax Code, information provided to a taxing unit in connection with an application or request for tax abatement which information describes the specific process or business activities to be conducted or the equipment or other property to be located on the property for which tax abatement is sought is confidential and not subject to public disclosure until the tax abatement agreement is executed.

The application and all supporting documentation should be treated as CONFIDENTIAL unless and until a tax abatement agreement is executed and approved by the Commissioner's Court of Hill County, Texas.

### **APPLICANT INFORMATION**

**APPLICATION DATE:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**COMPANY'S HEADQUARTERS ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**COMPANY'S LOCAL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**LOCAL TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**BUSINESS ENTITY:**

- |                          |                           |                          |             |
|--------------------------|---------------------------|--------------------------|-------------|
| <input type="checkbox"/> | Sole Proprietor           | <input type="checkbox"/> | DBA         |
| <input type="checkbox"/> | Partnership               | <input type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Other       |

If "PARTNERSHIP," please explain in detail applicant's partnership structure:

If "DBA" or "OTHER," please explain in detail the applicant's business entity structure:

Date and State of Incorporation: \_\_\_\_\_

(Please provide a copy of the Articles of Incorporation, Partnership Agreement or other instrument by which the above Business Entity was created.)

Years in Hill County: \_\_\_\_\_

Is the Applicant authorized to do business in the state of Texas?  Yes  No

Has the Applicant ever filed for bankruptcy?  Yes  No

If "YES", please explain in detail the applicant's bankruptcy history including but not limited to dates and bankruptcy court(s) having jurisdiction over any bankruptcy proceedings.

Is Applicant in good standing with the State Comptroller's Office?  Yes  No  
(Please attach a certificate of good standing from the Texas Comptroller's Office)

Is Applicant delinquent on any property taxes?  Yes  No  
(Please attach a tax certificate showing all taxes on the Real Property located in Hill County have been paid)

**REGISTERED AGENT:**

**REGISTERED AGENT NAME:** \_\_\_\_\_

**BUSINESS / FIRM:** \_\_\_\_\_

**AGENT'S ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**COMPANY REPRESENTATIVE AUTHORIZED FOR APPLICANT:**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**AUTHORIZED COMPANY OFFICIAL:**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**AUTHORIZED SIGNATURE ON BEHALF OF APPLICANT:**

\_\_\_\_\_

**BY SIGNING THIS APPLICATION, THE APPLICANT AND ITS AUTHORIZED COMPANY OFFICIAL REPRESENT TO HILL COUNTY, TEXAS THAT THE INFORMATION CONTAINED HEREIN IS TRUTHFUL, ACCURATE, AND CORRECT. THE APPLICANT AND ITS AUTHORIZED COMPANY OFFICIAL FURTHER UNDERSTAND THAT ANY CHANGES TO THE INFORMATION CONTAINED HEREIN REQUIRE THE APPLICANT OR ITS AUTHORIZED COMPANY OFFICIAL TO NOTIFY THE HILL COUNTY JUDGE WITHIN THIRTY (30) DAYS.**

## PROJECT INFORMATION

- PROJECT CATEGORY:**       Warehouse  
(choose all that apply)       Manufacturing  
    Research & Development  
    Regional Distribution  
    Regional Service Center  
    General Office Building(s)  
    Other

If "OTHER," please describe in detail the type of project or facility:

- PROJECT TYPE:**       New Facility or Structure  
(choose all that apply)       Expansion of Existing Facility or Structure  
    Modernization of Existing Facility or Structure  
    Other

Please describe in detail the products or services to be provided by Project:

**PROJECT DESCRIPTION:** Provide a statement fully describing or explaining the proposed project, including a description of the proposed project site improvements as well as a list of fixed machinery and equipment for which applicant seeks tax abatement. (Attach additional pages if necessary.)

**PROJECT LOCATION:**

**PHYSICAL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PROJECT LEGAL DESCRIPTION:**

Is the Applicant the owner of the real property where the Project will be located?  YES  NO

If "NO," does the Applicant have an executed lease for the real property where the Project will be located?  YES  NO

*\* Please submit a map, survey or plat of the project's legal description with the application.*

**TAX ACCOUNT NUMBERS:**  
\_\_\_\_\_

**NAICS #:**  
\_\_\_\_\_

**OTHER TAX ABATEMENTS OR INCENTIVES:**

Does Applicant intend on seeking tax abatement from Hill County?     YES  NO

Does Applicant intend on seeking tax incentives from ANY Hill County Economic Development Corporation?     YES  NO

Does Applicant intend on seeking a Chapter 313 Property Value Limitation Agreement with a school district?     YES  NO

**SCHOOL DISTRICT(S):** \_\_\_\_\_

**PRIOR TAX ABATEMENT INFORMATION:**

Has the Applicant previously received tax abatement from the County?     YES  NO

If "YES", date(s) tax abatement agreement(s) executed?

Has the Applicant already requested a tax abatement or property value limitation for this Project from another taxing jurisdiction?     YES  NO

If "YES" please provide the following information:

1. Name of each taxing jurisdiction & contact
  
2. Date(s) for each tax abatement application:
  
3. Date(s) for upcoming public hearing(s) relating to tax abatement application(s)
  
4. Date each tax abatement agreement was considered by another taxing jurisdiction
  
5. Date each tax abatement agreement executed

Has applicant included copies of any previous tax abatement applications, or agreements concerning this business or a similar business that has requested tax abatements anywhere.     YES     NO

**ECONOMIC INFORMATION**

What year does the Applicant request tax abatement begin?

How many years does the Applicant request tax abatement to continue?

(10 year maximum)

**CONSTRUCTION ESTIMATES:**

Start Month/Year: \_\_\_\_\_ / \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Completion Date: \_\_\_\_\_ / \_\_\_\_\_ Peak Construction Jobs: \_\_\_\_\_ Construction Man-Years: \_\_\_\_\_

**IF MODERNIZATION:**

Estimated current economic life of existing structure: \_\_\_\_\_ years

Added economic life from modernization: \_\_\_\_\_ years

**PERMANENT JOB CREATION AND RETENTION OF EXISTING PERMANENT JOBS HILL COUNTY**

**Job Creation/Retention.**

Number of new regular, full-time employees to be employed in Hill County:

Number: \_\_\_\_\_

Average Wage (excluding highly compensated executives): \_\_\_\_\_

Benefits: \_\_\_\_\_

Number of new regular, part-time employees to be employed in Hill County:

Number: \_\_\_\_\_

Average Wage (excluding highly compensated executives): \_\_\_\_\_

Benefits: \_\_\_\_\_

Will your firm commit to maintaining its level of employment in Hill County at or above the total of its existing employment in Hill County (if applicable) plus the new positions to be added for the term of any tax abatement granted?  YES  NO

Will your firm commit to hiring at least 2/3rds of its workforce from within Hill County?  YES  NO

How many of the new full-time positions do you expect to fill from Hill County? \_\_\_\_\_

How many of the new part-time positions do you expect to fill from Hill County? \_\_\_\_\_



Explain the timeline (with estimated dates') for hiring these employees

**Other Employment Created:**

Number of temporary employees to be employed in Hill County during construction/ development:

Nature of jobs:

Expected duration of temporary employment:

Expected level of utilization of local contractors during construction of project:

**Retention of Employees:**

If job retention instead of the creation of new jobs is being proposed—

Number of existing jobs proposed to be retained: \_\_\_\_\_

Nature of jobs proposed to be retained: \_\_\_\_\_

Average wage of jobs proposed to be retained: \_\_\_\_\_

Date by which the jobs are to be eliminated absent tax abatement: \_\_\_\_\_

Reason jobs to be eliminated absent tax abatement: \_\_\_\_\_

Note: Tax abatement is only for increased valuation created by capital investment in new improvements or additions. Taxes for existing improvements/equipment are not eligible for abatement.

Note: Applications for tax abatements proposing job retention will be subject to strict scrutiny. Additional financial information showing justification for abatement may be required.

**HILL COUNTY RESIDENCY REQUIREMENTS:**

Does the Applicant agree to require its senior executive employees, project managers, and other employees receiving compensation in the top 25<sup>th</sup> percentile to relocate to Hill County?  YES  NO

If "NO," explain why not: \_\_\_\_\_

**STATED APPRAISED VALUE ON SITE:**

STATED APPRAISED VALUE ON SITE	LAND	IMPROVEMENTS	TOTAL
Value as of January 1 <sup>st</sup> preceding abatement (per Hill County Appraisal District Records and Account Number)	\$ _____	\$ _____	\$ _____
Stated value of new abatable investment (Buildings)	\$ _____	\$ _____	\$ _____
Stated value of new abatable fixed and in place machinery and equipment	\$ _____	\$ _____	\$ _____
Stated value not subject to abatement (e.g. inventory)	\$ _____	\$ _____	\$ _____
<u>Stated</u> value of property subject to ad valorem tax at end of abatement	<del>\$ _____</del>	<del>\$ _____</del>	<del>\$ _____</del>

**VARIANCE:**

Is the Applicant seeking a variance to the tax abatement guidelines?  YES  NO

If "YES", attach a letter requesting and justifying the basis for the variance along with any other supplemental information that may be relevant to your request.

**FOR INTERNAL USE ONLY**

APPLICATION RECEIVED ON: \_\_\_\_\_

APPLICATION RECEIVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

APPLICATION FEE RECEIVED ON: \_\_\_\_\_

TAX ABATEMENT TERMS APPROVED (subject to execution of tax abatement agreement):