

# Angelina County Economic Development

Office of the County Judge  
102 W. Frank Ave., 2<sup>nd</sup> Floor  
Lufkin, Texas 75901

## Application for Assistance



The following information is required for all projects requesting economic development assistance from Angelina County, Texas. Fill in all spaces on the application form. If the information requested is not applicable, enter "N/A" in the space. Incomplete applications will not be considered for assistance. After receipt of the application, Angelina County may require additional information to be submitted to indicate the financial abilities or other factors of the company.

<b>Applicant/Business Name</b>		<b>Business Ownership</b>	
<b>Mailing Address (Business Headquarters)</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Phone Number</b>		<b>Fax Number</b>	
<b>Applicant's Representative</b>		<b>Title</b>	
<b>Mailing Address (if different from above)</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Phone Number</b>		<b>Fax Number</b>	

I certify that the information submitted in this application, including attachments, is true, correct and complete. Omissions or submission of incorrect information will render this application invalid.

\_\_\_\_\_  
Signature of Applicant's Representative

\_\_\_\_\_  
Date

## Project Information

<b>Description of the Project</b>			
<b>NAICS Code<sup>1</sup></b>		<b>NAICS Code Description</b>	
<b>Property Address</b>		<b>Legal Description (attach if necessary)</b>	
<b>Value of Improvements for this project</b>			
<b>Building</b>	<b>Equipment</b>	<b>Total</b>	<b>Est. Taxable</b>
<b>Existing Targeted Facility or New Building?</b>			
Existing / New			
<b>Existing Industry Expansion?</b>	<b>New Industry?</b>	<b>Building currently up to code?</b>	<b>Environmental Issues Needing Addressed</b>
Yes	Yes	Yes	Yes
No	No	No	No
<b>Construction Time Frame (month/year)</b>			
<b>Start:</b>		<b>Complete:</b>	
<b>Construction Materials To Be Purchased (\$)</b>		<b>Percent purchased in Angelina County</b>	
<b>Equipment &amp; Furniture To Be Purchased (\$)</b>		<b>Percent purchased in Angelina County</b>	
<b>Construction Workers Payroll<sup>2</sup></b>		<b>Percent purchased in Angelina County</b>	
<b>Annual Facility Purchases<sup>4</sup></b>		<b>Percent purchased in Angelina County</b>	
<b>Purchases of Raw Materials From Local Manufacturers or Suppliers<sup>5</sup></b>			
<b>NAICS Code</b>	<b>NAICS Code Description</b>		<b>Annual Purchases</b>
<b>Projected Annual Sales</b>	<b>Annual Sales in Angelina County<sup>6</sup></b>	<b>Percent Subject to Sales Tax</b>	
<b>Will this project Have a tourism impact on the community (create local hotel stays? )</b>			
If yes, complete the Tourism Project Supplemental Information page (available from the HDC).			

## Utility Usage Information

<b>Water</b>	<b>Solid Waste</b>
Average Monthly Usage (1,000 gallons)	Size Dumpster Requested / Monthly Pick-Ups
<b>Waste Water</b>	<b>Electrical Service Needed</b>
Average Monthly Usage (1,000 gallons)	Transformers Needed? (Yes / No) Size:
<b>Natural Gas Needs</b>	<b>Rail</b>
Pressure Needed / Volume Usage Per Month	Weight Rail Needed / Average Monthly Volume
<b>Rail</b>	<b>Other (Use Additional Sheet to Explain if Necessary)</b>
Car Storage Needs On-Site (Yes / No) # of Cars:	

## Employment Information

Number of Employees (FTE)			Annual Payroll		% Previously Unemployed
Cur / New	Cur/ New	Cur/New	Yr.1	Yr.3	
Yr. 1-	Yr.3	Yr.5	Yr.1	Yr.3	
# of Hourly	Ave. Wage/Hour		Yr. 5		
			# of Salaried		Ave. Annual Salary
Unskilled=			Admin.=		
Semi - Skilled=			Managerial =		
Skilled =			Sales =		
Other =			Other =		
<b>Benefits Offered</b>					
Health Plan	Cost to Employee/Mo		Family Coverage Available		Cost to Employee/Mo
Yes / No			Yes / No		
Retirement/401K	Vacation (#/yr)		Sick Days (#/yr)		Paid Holidays (#/yr)
Yes / No					
Profit Sharing	Dental Insurance		Life Insurance		Disability Insurance
Yes / No	Yes / No		Yes / No		Yes / No

Please briefly explain your benefits package. Some items to cover are: Are same benefits offered to all employees? If not please explain the difference between plans. Is there a probationary period before benefits are offered? Are there any planned or expected changes in benefits in the near future? Does your salary schedule and your benefit package meet the requirements set forth in the current version of the Angelina County Tax Abatement Guidelines?

### Notes

1. **NAICS Code:** North American Industry Classification System.
2. **Construction Workers Payroll:** Payroll should include all construction workers. You may need to require bids from subcontractors to be detailed to show payroll.
3. **Percent Spent in Angelina County:** Percent of construction workers' payroll that will be spent by the workers in Angelina County (food and other retail purchases).
4. **Annual Facility Purchases:** Annual purchases of operating items such as office supplies, cleaning supplies, etc. that are subject to sales tax.
5. **Purchases of Raw Materials from Local Manufacturers:** Purchases of raw materials used in the manufacturing process that are *not* subject to sales tax.
6. **Annual Sales in Angelina County:** Estimated sales Angelina County customers. If the company has no Angelina County customers, enter "none."
7. **Capital Investment Needed:** Cost of installing new water or sewer lines.

## Economic Development Assistance Requested

Tax Abatement Requested	First Year of Abatement	Abatement Schedule Requested*
Yes / No		
Who is the owner of the taxable real property for which tax abatement is sought? **		
Is the taxable real property located Angelina County reinvestment zone?		
Yes / No		
Other incentives requested (Yes / No) What is being requested?		
Explanation/Justification		

\* **Abatement Schedule Requested:** Please refer to the Angelina County tax incentive policy statement and use your best estimation of your project's score to determine the applicable tax incentive schedule.

\*\***Owner of the Taxable Real Property:** Chapter 312 of the Texas Tax Code authorizes a municipality to enter into a tax abatement agreement *only* with the owner of taxable real property located in a reinvestment zone.

### Required Attachments

The following items must be provided to Angelina County prior to consideration of incentives: Please submit each item listed as a separate item.

1. Plat/Map of Property, extending 500 feet beyond property in all directions. (County can assist if needed)
2. Detailed List of Improvements, Including Equipment
3. Business Plan
4. Current Financial Report
5. Audited Financials for Previous Three Years
6. Tax Certificate (Company's Tax I.D. #)
7. Letter Addressing and committing to Tax Abatement Minimum Standards.

# Application Submission

Submit the completed application by mail or in person to:

Angelina County Economic Development  
Office of the County Judge  
102 West Frank St.  
Lufkin, Texas 75901

This application for Economic Development Assistance must be filed with the office of the Angelina County Judge prior to filing any required Building Permit or Business License applications with the County. If you have questions about this application for Economic Development Assistance, please contact the office Angelina County Judge at (936) 634-5413.

Addendum A

## Tourism Project Supplemental Information

Expected Overnight Stays in Angelina County (# of rooms)			
Pre-Construction	Construction	1-3 yrs. After opening	3-5 yrs. After opening
<b>Explanation/Justification</b>			
<b>Potential Ancillary/Complementary Hospitality Related Development (Include: hotels, motels, tourist attractions, recreation areas)</b>			