



## Reimbursement Application

1. Date of Application:

a. Is this for Development Fee Reimbursement?                      Yes                      No

b. Is this for Ad Valorem Tax Reimbursement?                      Yes                      No

2. Name of Business:

3. Mailing Address:

4. Contact Person and Phone Number:

5. Date of Approval of Preliminary Application:

6. Name of Parent Company (if applicable):

7. Business's Federal Employer Identification Number:

8. Business's Florida Sales Tax Registration Number:

9. Please list the NAICS and SIC codes of all activities of the new or expanded business which received preliminary approval, the actual employment by the new or expanded business for the past year, and the *annualized* average wage (not including benefits) for activities for all *new* positions as shown below<sup>1</sup>. Please provide verification.

NAICS/SIC _____	Employment _____	Annualized Wage \$ _____
NAICS/SIC _____	Employment _____	Annualized Wage \$ _____
NAICS/SIC _____	Employment _____	Annualized Wage \$ _____
NAICS/SIC _____	Employment _____	Annualized Wage \$ _____

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<sup>1</sup> "NAICS" is the North American Industry Classification System; "SIC" is the Standard Industrial Code; "annualized" means the amount expected to be paid to a full-time, permanent employee over 12 months, not including benefits.

10. Please list the actual capital investment of the project and provide verification.
  
11. Please list the dollar amount spent on all major supplies for the past year for the new or expanded business, the location of the supplier, and provide verification. Attach additional sheets, if necessary.
  
12. Please list the dollar amount spent on goods and services for the past year for the new or expanded business; the provider, if any, which were Certified MBEs; the percent spent with these MBE providers; and provide verification. Attach additional sheets, if necessary.
  
13. Please list the dollar amount spent with construction contractors used to build or expand the business and which, if any, were Certified MBEs, the percent spent with these MBEs, and provide verification. Attach additional sheets, if necessary.
  
14. Please list all efforts made by the business to encourage employee volunteerism within the past year, and the success of those efforts. Please provide verification.

15. What is the amount of the reimbursement requested? \$

16. Please provide evidence of the amount previously paid. If reimbursement of ad valorem taxes is requested, this request is for the \_\_\_\_ year of a \_\_\_\_ year approval period.

17. Please include any other information you believe should be considered.

I certify that the above is a correct and accurate representation of the project to the best of my knowledge.

Signature of Authorized Officer:

Title:

*This form should be returned to the Tallahassee-Leon County Office of Economic Vitality, 315 S. Calhoun Street, Suite 450, Tallahassee, FL 32301. If you have any questions, please call 850-219-1060.*