CITY OF NEBRASKA CITY

1409 Central Avenue Nebraska City, NE 68410-2223

Phone: 402-873-5515 Fax: 402-873-5685



REQUEST FOR TAX INCREMENT FINANCING

Please note that the following application must be typed prior to submission to the City office. The applicant(s) or a designated representative must be present at the Nebraska City Housing and Community Development Agency (CDA) and City Council meetings to answer any questions related to the project. Proper notice of both meetings will be given to applicants by City Staff. Failure to complete either of these application requirements may result in ineligibility for Tax Increment Financing.

Project:

1)	Business Name	
	Street Address	
	Mailing Address	
	Telephone	
	·	
	Fax	
	Email	
	Business Structure	
	Owners	
2)	Brief description of th	e business and number of employees:
3)	Present ownership of	the site and legal description:

4)	Parcel Number(s):				
5)	Physical project description: (Building square footage, size of property, description of building materials, etc. Please attach a site plan, if available.)				
6)	6) If property is to be subdivided, show division planned:				
7)	 Estimated Project Costs: (Please attach cop estimated project costs.) 	ies of bids or estimates to support			
a)) Land Acquisition (if applicable)				
b)) Site Development (itemize)				
c)	e) Building Cost				
d)	Architectural and Engineering Fees				
e)	e) Legal Fees				
f)	Financing Costs				
g)) Broker Costs				
h)) Contingencies				
	Total:				
8) Total estimated assessed valuation of Real Property at completion:					
9)) Latest property valuation (from Real Estate	Гах Statement):			
10) Estimated increase in Real Estate property valuation:					
11) Estimated new Real Estate Tax generated:					

12) Source of financing:				
a) Equity				
b) Bank Loan				
c) Tax Increment Financing				
d) Industrial Revenue Bonds				
e) Other:				
13) Name and Address of architect, engineer and general contractor:				
14) Project construction schedule:				
a) Construction start date				
b) Construction completion da	ate			
c) If project is phased:				
Year	% Complete			
Year	% Complete			
15) Municipal Reference (if applicable). Please name any other municipality wherein the applicant, or other corporations the applicant has been involved with, has completed developments within the last five years:				

Tax Increment Financing Request:

,	(Please attach copies of bids or estimates to support esti costs.)	mated eligible project
a)	Demolition or removal of existing: Buildings Structures Streets Utilities Other improvements	
b)	Installation, construction or reconstruction of: Streets Utilities – water Utilities – sanitary sewer Utilities – electrical Utilities – other Parks Playgrounds Public spaces Public parking facilities Sidewalks Convention and civic centers Bus stop shelters Lighting Benches or other similar furniture Trash receptacles Shelters Skywalks Pedestrian overpasses Pedestrian underpasses Vehicular overpasses Vehicular underpasses Other necessary public improvements essential to the preparation of sites for uses in accordance with a redevelopment plan Total estimated eligible project costs Requested Amount of TIF:	
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1) Estimated eligible project costs (pursuant to Nebraska State Statute 18-2103(12b):

The City of Nebraska City Housing and Community Development Agency and the City of Nebraska City will evaluate the estimated eligible project costs listed above and determine the eligibility of the estimated project costs based on the Redevelopment Project objectives.

2)	Statement of necessity for use of tax increment financing (include attachment if necessary):		
3)	Provide the following information to assist the Agency in conducting a cost-benefit analysis on the redevelopment project pursuant to Nebraska State Statute 18-2113(2):		
a)	What will be the impacts on employers and employees of any firms locating or expanding within the proposed boundaries of the redevelopment project area?		
b)	What will be the impacts on other employers and employees within the city and the immediate area that are located outside of the boundaries of the redevelopment project area?		
4)	The Redeveloper hereby certifies the following to the Authority pursuant to Nebraska State Statute 18-2119((3)a):		
a)	Have you filed or intend to file an application with the Department of Revenue to receive tax incentives under the Nebraska Advantage Act for this project?		
b)	If so, does the application include (or will include) as one of the tax incentives, a refund of the city's local option sales tax revenue?		
c)	Has such application, if any, been approved under the Nebraska Advantage Act?		

I certify that the facts and estimates set forth in this application for Tax Increment Financing (TIF) are true and complete to the best of my knowledge. I understand that false statements on this application shall be considered sufficient cause of ineligibility.

I agree to maintain all project related receipts for a period of five (5) years beginning at final payment of Tax Increment Financing for audit purposes.

Applicant Name (printed)

Signature

Date

Signature

Date

Applicant Name (printed)