

CERTIFICATION APPLICATION

Long-Term Rural Oregon Tax Incentive

ORS 285C.400–285C.420

- Complete this form and submit to the local enterprise zone manager and the county assessor **before** breaking ground or beginning work at the site.
- Please type or print neatly.

ELIGIBLE LOCATION (see #3 on the back)

| | |
|-----------------------|--------|
| Rural Enterprise Zone | County |
|-----------------------|--------|

APPLICANT

| | | | |
|---|----------------|------------------------------|----------|
| Name of Business Firm | | Telephone Number () | |
| Mailing Address | City | State | ZIP Code |
| Location of Property (street address if different from above) | City | State | ZIP Code |
| Map and Tax Lot No. of Site | Contact Person | Title | |

DEFINING THE FACILITY

Description of operations and overall physical plant when the proposed facility is placed in service: (attach additional pages)

Property or improvements to be purchased, constructed, or installed:

| Type of Property | Square Footage/Acreage/ Number of Units or Items | Estimated Cost |
|---|---|----------------|
| New buildings and structures and land to be acquired | | \$ |
| New additions/modifications to existing buildings and structures | | \$ |
| New machinery and equipment (please attach list) | Real property (attached to building/real property) | \$ |
| | Personal property (readily movable) | \$ |
| Total Estimated Cost of New Investment | | \$ |
| Assessed value of all real and personal property currently at the site of the proposed facility/investment | | \$ |

Construction, hiring, and commencing operations:

- Construction is expected to begin..... _____
- Hiring is expected to begin (month/year) _____
- Facility is expected to be first placed in service/operations beginning (month/year) _____
- Final construction of facility property is expected to be completed (month/year) _____
- Hiring is expected to be completed (month/year) _____
- Estimated total of full-time employees to be hired by the firm for new facility..... _____

CORPORATE EXCISE TAX CREDITS

Will applicant seek the 5 to 15-year tax credit under ORS 317.124? Yes* No

If yes, the tax credit would be requested to begin in the tax year starting on: _____

*Must be approved, in writing, by the governor of the state of Oregon and begin no later than the third calendar year after the year in which the facility is placed in service. It is not sought until after certification.

COMMITMENTS BY APPLICANT/BUSINESS FIRM

All must be checked below to be certified—

- By the end of the calendar year in which the facility is placed in service, the total costs of property and improvements are, or will be more than the lesser of: (a) \$25 million or \$12,.5 million, whichever applies; or (b) a figure equal to one percent or one-half of one percent, whichever applies, of the value of all nonexempt taxable property in the county, rounded to the nearest \$10 million of such value, or more than \$200 million.
- Within the applicable time frame after operation of the facility begins, at least 10, 25, 50, or 75 new employees (whichever applies) will be employed at the facility, in addition to persons employed by the firm within the state 12 months prior to when operations began, and who are each working more than 32 hours per week at the facility.
- Not later than the fifth year after the year in which operation of the facility begins, the average of annualized compensation or all employees at the facility will be equal to or greater than 150 percent of the county average annual wage, as reported by the Oregon Economic and Community Development Department, at the time that this requirement is initially fulfilled.
- All additional requirements or conditions contained in the attached written agreement with the sponsor of the enterprise zone will be satisfied (see #2 below).
- Information and appropriate verification, including, but not limited to, actual levels of investment cost, employment, payroll, etc., that pertain to the above commitments will be presented in writing to the local zone manager and county assessor on or before the mandatory time as noted above or as contained in applicable law and rules, or upon request by state or local officials.

DECLARATION

I declare under penalties of false swearing [ORS 305.990(4)] that I have examined this document and attachments, and to the best of my knowledge they are true, correct, and complete. If any information changes I will notify the enterprise zone manager and the county assessor and submit appropriate written amendments. I understand that my business firm will receive the property tax exemption for property in the enterprise zone, only if the relevant requirements are satisfied and maintained, and if my firm complies with all local, state, and federal laws that are applicable to my business.

| | |
|---|------|
| Signature of Authorized Representative of Business Firm X | Date |
|---|------|

Standard property tax returns must still be filed.

APPROVAL

To be filled in by the local zone manager and the county assessor after the above commitments are completed.

| | | |
|---|--|------|
| 1 | The board of county commissioners adopted a resolution approving the property tax exemption for the facility. (Attach a copy of the resolution and indicate the date of adoption in the box to the right.) | Date |
| | The city council adopted a resolution approving the property tax exemption for the facility, if it is located within corporate limits. (Attach a copy of the resolution and indicate the date of adoption in the box to the right.) | Date |
| 2 | The business firm has entered into a common written agreement with all of the city or county governments that sponsor the enterprise zone, including co-sponsors in addition to those adopting resolutions in #1 above. (Attach a copy of the agreement and indicate the date the agreement was concluded in the box to the right.) | Date |
| 3 | At the time the written agreement in #2 above was executed, the facility was located in an existing rural enterprise zone and in a county with chronically low income or unemployment. (Attach confirmation from Oregon Economic and Community Development Department that the zone is not terminated and that relevant county or U.S. economic statistics satisfy requisite legal definitions. Indicate the date of the letter and the length of the exemption period in the box to the right.) | Date |
| Signature of Local Enterprise Zone Manager X | | Date |
| Signature of County Assessor X | | Date |
| Zone Manager/County Assessor: After signing, send copies of this form and all attachments to: (1) Business firm; (2) Oregon Department of Revenue; (3) Oregon Economic and Community Development Department | | |